Is there a 'Right' Time? Exploring Women's Views and Understandings on the Timing of Motherhood in Aotearoa, New Zealand.

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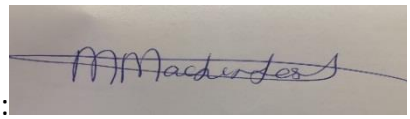
Attestation of authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma or a university or other institution of higher learning.

Signed: 

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Abstract

Despite the trend in the Western world of many women delaying motherhood beyond 30 years of age, motherhood is still recognised as a central role for women. Consequently, most women in Western societies are continuing to become mothers at some stage in their lives. Recent research that has focused on people's views and understandings about the 'right' timing of motherhood has emphasised the complexity of the decision-making process for women. The aim of this research was to explore New Zealand women's views and understandings relating to the 'right' time for motherhood, with an intention to gain greater insight into the factors that may be influencing women's decisions about the timing of motherhood.

Two focus groups with a total of 13 women aged 25 to 32 years old were conducted. This study specifically targeted women without children, seeking to gain an understanding of the decision-making process for women who may or may not choose to have children. Thematic analysis within a constructionist framework was used to analyse the various ways women in New Zealand talked about their views and understandings regarding the 'right' time for motherhood.

Three main themes were identified: personal factors, relationship factors and social pressures. When defining the 'right' time for motherhood, women expressed the importance of many personal factors being in place before having children, including being the 'right' age, developing financial security and emotional maturity, finishing education and establishing their careers. In addition, they emphasised the significance of having certain relationship factors in place before motherhood. Women described wanting not only a committed relationship before motherhood but also for their partners to equally want children. Furthermore, participants recognised the influence of wider society in framing the 'right' time to have children; commenting on the direct and indirect pressures they felt from family members, friends and the media surrounding their timing of motherhood. The findings from the current study indicate that the women's construction of the 'right' time to have children was largely defined by their perceptions of what was necessary in order to be a 'good' parent, and consequently, timing of motherhood was based on whether or not they perceived that they met the criteria.

This study highlights that women's reproductive decision-making should be understood from a holistic perspective that acknowledges the biological parameters of fertility while also addressing social, cultural and structural factors affecting women's reproductive autonomy.

Chapter 1: Introduction

Traditionally within Western societies, motherhood has been socially constructed as a normal, biological and inevitable part of a woman's female identity (Donath, 2015; Perrier, 2013; Woollett & Boyle, 2000). This pronatalist discourse presents motherhood as the most central role for women, the ultimate source of fulfilment and as the cornerstone of feminine identity (Cooke, Mills, & Lavender, 2010; Gillespie, 2003; Glenn, 1994b; Lavender, Logan, Cooke, Lavender, & Mills, 2015; Ulrich & Weatherall, 2000). Motherhood is characterised as wonderful and beautiful and a way to improve a woman's life, making her a happier, healthier and more honourable person (Gotlib, 2016; Meyers, 2001; Ulrich & Weatherall, 2000; Vesper, 2008).

Over time, however, this traditional construction of motherhood has been challenged and disrupted somewhat by women's access to education and employment opportunities (Cooke, Mills, & Lavender, 2012; Donath, 2015; Maher & Saugeres, 2007; Sevón, 2005), availability of contraception and legalisation of abortion in many countries, (Cooke et al., 2010; Friese, Becker, & Nachtigall, 2006; Meyers, 2001; Tardy, 2000) as well as the increase in the variety of family configurations (i.e. single parent families and same sex parent families) (Gillespie, 2003; Ulrich & Weatherall, 2000). These social changes have helped promote motherhood more as a choice and provided women with other available options beyond motherhood (Gillespie, 2003; Hadfield, Rudoe, & Sanderson-Mann, 2007; Lavender et al., 2015; Sevón, 2005). This said, it has become increasingly more acceptable in society to delay childbearing and, as such, postponing motherhood is becoming more prevalent in Western societies (inclusive of New Zealand), with a global trend of women having their first child from age 30 and above (Cooke et al., 2010, 2012; Lampic, Svanberg, Karlström, & Tydén, 2006; Perrier, 2013; Statistics New Zealand, 2012; Szewczuk, 2012).

Although the social construction of motherhood has shifted over time, the existing literature indicates that the normative discourse of womanhood is still strongly entrenched in Western societies, whereby being a mother is viewed as a fundamental part of a woman's personal identity (Gillespie, 2003; Lavender et al., 2015; Woollett & Boyle, 2000). Non-motherhood is typically characterized by society as an inappropriate choice for women and there remains a strong social expectation that women become mothers at some point, even if delayed (Gotlib, 2016; Maher &

Saugeres, 2007; C. Morell, 2000; Smajdor, 2009; Ulrich & Weatherall, 2000; Vesper, 2008). It is estimated that approximately one in four women in New Zealand remain childless, which implies that approximately 75 percent of women in New Zealand will become mothers at some stage (Boddington & Didham, 2009; Statistics New Zealand, 2007, 2012). Given this, most women in New Zealand will be more commonly faced, not with the choice of whether or not to become a mother, but rather, the choice of *when* to become a mother.

Recent research has focused on people's views and understandings about the 'right' timing of motherhood, and has emphasised the complexity of the decision-making process for women (Cooke et al., 2010; Daniluk, 2015; Lavender et al., 2015; L. J. Martin, 2017; Perrier, 2013). Over the past decade, there has been an increased focus within the medical community on women's reproductive timing with the ongoing trend of delayed motherhood (Beaujouan & Sobotka, 2017; Lavender et al., 2015; Lucas, Rosario, & Shelling, 2015). This is predominately related to concerns raised by health professionals about the increased chances of poorer health outcomes (for the mothers and their babies) when women have children at advanced maternal ages (Mac Dougall, Beyene, & Nachtigall, 2012; Schmidt, Sobotka, Bentzen, & Nyboe Andersen, 2011; Wyndham, Figueira, & Patrizio, 2012). In addition, in the public arena, concerns have been raised about the social acceptability of women having children at advanced maternal ages (Budds, Locke, & Burr, 2013; Leopold & Skopek, 2015; Schmidt et al., 2011).

Existing research suggests that there are multiple factors influencing women's decisions about their timing of motherhood (Benzies et al., 2006; Lavender et al., 2015; Perrier, 2013; Sevón, 2005; Sol Olafsdottir, Wikland, & Möller, 2011). Several studies have noted that women's aspirations for independence through education, a career and financial stability are the main reasons for women postponing motherhood (Balasch & Gratacós, 2012; Benzies et al., 2006; Carolan, 2007; Friese et al., 2006; L. J. Martin, 2017). Other studies have identified the lack of a suitable partner or a partner's readiness for children as the primary reasons for women delaying motherhood (Cooke et al., 2010, 2012; Maheshwari, Porter, Shetty, & Bhattacharya, 2008; M. Mills, Rindfuss, McDonald, & Te Velde, 2011). Furthermore, additional studies have recognised the role of age in influencing women's reproductive decisions (Benzies et al., 2006; Lavender et al., 2015; L. J. Martin, 2017; M. Mills et al., 2011;

Perrier, 2013; Sevón, 2005; Smajdor, 2009). In some studies women have discussed not wanting to be “too young” when they become mothers due to the perception that earlier motherhood may impede their ability to achieve important life goals (Lavender et al., 2015; L. J. Martin, 2017; Perrier, 2013; Sol Olafsdottir et al., 2011). In contrast, some women also did not want to be “too old”, expressing worries about their declining fertility (Benzies et al., 2006; L. J. Martin, 2017; Sol Olafsdottir et al., 2011) and their decreased health later in their children’s lives (Budds et al., 2013; Perrier, 2013; Sol Olafsdottir et al., 2011) if they delayed motherhood too long. In addition, women wanted to ensure their children would have an opportunity to have grandparents, so were hesitant towards postponing motherhood until an advanced maternal age (Cooke et al., 2010; Lavender et al., 2015; Perrier, 2013).

Although qualitative research in this area is growing, there is a dearth of research in New Zealand. The study outlined within this paper has sought to reduce this gap in New Zealand literature by exploring women’s views and understandings regarding the ‘right’ time for motherhood in New Zealand. A social constructionist epistemological position was adopted for this research, with the focus on examining participants’ understandings about the timing of motherhood. It was anticipated that participants would construct multiple understandings of the ‘right’ time for motherhood and therefore social constructionism was considered appropriate allowing re/deconstruction of multiple truths. Data was collected through two focus group discussions and analysed using thematic analysis.

This study aimed to add to the existing international literature while also specifically providing insight into New Zealand women’s views and experiences relating to the timing of motherhood. Gaining insight about New Zealand women’s views and experiences is important to promote a better understanding on how to support women in their parenthood choices. Consequently, this information will help to increase cultural competence for health professionals including psychologists working in the New Zealand context supporting clients with parenthood decisions.

The current research project consists of the following chapters: a review of the existing literature inclusive of quantitative and qualitative research both international and within New Zealand. Following this, the methodological approach and methods employed in this study will be discussed. The next chapter will explain the findings from the present study, specifically identifying the different themes that were revealed

throughout the data. Finally, the last section will cover a discussion of the results from the current study in the context of existing literature. In addition, the last chapter will discuss the implications of the present study's findings whilst acknowledging the study's limitations and making recommendations for future research.

Chapter 2: Literature Review

This chapter opens by broadly reviewing the existing literature on motherhood, drawing on the relevant research related to the traditional construction of motherhood. The rest of the chapter will review the current literature looking more specifically at how the 'right' time for motherhood has been socially constructed as well as exploring how this influences women's reproductive decisions. At the end of the chapter, a rationale for the current study alongside its key aims will be provided.

Traditional Construction of Motherhood

The traditional construction of motherhood endorses pronatalist beliefs, presenting motherhood as a compulsory, biological and fundamental part of a woman's identity (Gotlib, 2016; Perrier, 2013; Sevón, 2005; Smajdor, 2009; Woollett & Boyle, 2000). Despite the emergence in the late twentieth century of a more contemporary and liberal discourse that represented motherhood as a choice, most women in Western societies are still having children (Donath, 2015; Gillespie, 2003; Lavender et al., 2015; Maher & Saugeres, 2007). This would suggest the continued dominance of the discourse around motherhood being a central component to a woman's identity (Gillespie, 2003; Gotlib, 2016; Perrier, 2013; Sevón, 2005; Woollett & Boyle, 2000).

Pronatalist beliefs are endorsed within Western societies across multiple levels (Budds et al., 2013; Gotlib, 2016; Maher & Saugeres, 2007; Perrier, 2013; Taylor, 2011). In popular mainstream media, there is a strong focus on traditional constructions of motherhood where mothers, babies and children commonly feature in movies, television shows, magazines and advertisements, which encourages beliefs that equate womanhood with motherhood (C. Morell, 2000; Parry, 2005; Vesper, 2008). Television advertisements featuring women as mothers often dominate the advertisement spots (Gotlib, 2016; Vesper, 2008). For example, advertisements frequently show how women can balance both being mothers and their other priorities. In addition, advertisements of basic everyday products that can be consumed by all women are advertised explicitly as "good for moms" (Gotlib, 2016).

There is also a multitude of magazine articles, blogs, websites and reality television programmes devoted to celebrity pregnancy "bump watches" as well as people's pregnancy stories and struggles with infertility (Vesper, 2008). All of these typically present motherhood as a viable answer to many social and personal problems; glorifying motherhood and parenthood while failing to realistically represent the challenging sides to motherhood (Gotlib, 2016; Vesper, 2008). Rarely are there social representations of child 'free' women and/or child 'free' couples living a happy and fulfilled life (Vesper, 2008). In addition, well established media outlets such as Time magazine, the Guardian and the New York Times have seemingly endorsed pronatalist values about motherhood through their presentation of positive stereotypes of motherhood and discouragement of voluntary childlessness (Angier, 2013; Gotlib, 2016; Sandler & Witteman, 2013, August 13; Walshe, 2013). Some examples include articles warning women of the negative impacts of not having children such as regret, personal emptiness and wasted potential (Angier, 2013; Gotlib, 2016; Sandler & Witteman, 2013, August 13; Walshe, 2013).

Furthermore, some traditional psychological theories have also helped to reinforce dominant pronatalist values about motherhood. For example, through promoting ideas such as women needing children in order to be psychologically healthy and happy, alongside endorsing ideas that mothers are essential to a child's prosperous development (C. M. Morell, 1994; Woollett, Phoenix, & Lloyd, 1991). Theories proposed by Freud, Erikson and Benedek emphasised that motherhood was both natural and biologically driven, suggesting that women without children may be denying their natural instincts and are confused about their purpose in life (Ireland, 1993; Vesper, 2008). Consequently, women without children (voluntary and involuntary) were pathologised, being characterised as deficient, unnatural and incapable of fulfilling their womanly role (Gotlib, 2016; Ireland, 1993; C. M. Morell, 1994; Vesper, 2008).

Research investigating women's reasons for wanting children has demonstrated that many women explain their desires for motherhood as biologically driven, suggesting that various women in current Western societies internalise the pronatalist ideologies (Bell, 2013; Gotlib, 2016; Parry, 2005; Sevón, 2005; Smajdor, 2009; Ulrich & Weatherall, 2000). For example, this is evident in a study by Ulrich and Weatherall (2000) where many women described wanting children as a consequence

of an inherent drive and a natural instinct residing within their physical bodies. Several women compared their biological drive for motherhood to the biological drive animals have to procreate and carry on their species. Likewise, in research undertaken by Remennick (2000), the women explain their desires to be mothers as instinctually programmed into their genes and outside of their control. In Bell's (2013) study, while some women talked about choice and self-determination in relation to deciding to be mothers, others strongly identified with an innate and natural desire to reproduce.

Additionally, studies exploring women's experiences of infertility illustrate that some express a sense of incompleteness, often describing feeling as though they were not 'real' women or as though they have failed as women when they were unable to conceive naturally or unable to conceive at all (Bell, 2013; Gillespie, 2003; Greil, McQuillan, & Slauson-Blevins, 2011; Letherby, 1999; Remennick, 2000; Sevón, 2005; Ulrich & Weatherall, 2000; Williams, 1997). Women unable to have their own children have reported feeling perceived by others (including family and friends) negatively, whereby they felt pity from others and felt as though they were seen to be missing something essential from their lives (Bell, 2013; Gillespie, 2003; Letherby, 1999; Ulrich & Weatherall, 2000). In Letherby's (1999) study, even women who became mothers through medical intervention or adoption still described feeling as though they did not meet the ideal of a 'good' mother. These women also reported feeling judged by others for not having their own genetic children or not giving birth to their children. In several other studies women also reported that others often have a lack of understanding regarding infertility, whereby they assume that women unable to conceive naturally can typically still conceive through Assisted Reproductive Technologies (ARTs), reinforcing the notion that there is no valid reason why women should not have children (Bell, 2013; Earle & Letherby, 2007; Greil et al., 2011; Letherby, 1999, 2002).

Despite the increasingly growing number of voluntarily childfree women within Western societies (Gillespie, 2003; Ireland, 1993; Lavender et al., 2015; Letherby, 1994), this group of women at times is still stigmatised, framed as unfeminine, deviant, selfish, career focused, lonely and ignoring their social obligation (Allen & Wiles, 2013; Gillespie, 2000; Gotlib, 2016; Ireland, 1993; Letherby, 1994; Vesper, 2008). The idea that women without children are inadequate or deficient in some way is also reinforced through the common language used to describe women who are unable to

have children and women who have chosen not to have children (Gillespie, 2003; Gotlib, 2016; Meyers, 2001; Ulrich & Weatherall, 2000). For example, the words infertility and child*less*ness imply that women falling into these categories are missing something when compared to those women who are fertile and have children. Words associated with infertility such as 'sterile' and 'barren' again convey a meaning consistent with inadequacy or emptiness (Gillespie, 2003; Sevón, 2005; Ulrich & Weatherall, 2000). In order to construct a different narrative for women who do not have children, the term '*childfree'* has been reclaimed by many (Gillespie, 2003). This term was created to emphasise that a childfree lifestyle does not equate to an absence or deficiency but can be as equally positive and fulfilling as a life with children. This term has allowed women without children to identify with a different set of cultural meanings that are not attached to a set of language that implies inadequacy (Bartlett, 1995; Gillespie, 2003).

Nevertheless, these dominant understandings that position motherhood as synonymous with womanhood continue to be problematic for women in several ways (Hird & Abshoff, 2000; Letherby, 1999; Meyers, 2001; Ulrich & Weatherall, 2000). They negate a woman's personal agency by assuming that women take on a passive role when deciding to have children due to having no control over their biologically driven desire for motherhood, subsequently restricting the possible identities and social roles available to women (Gillespie, 2003; Gotlib, 2016; Ulrich & Weatherall, 2000). It also places a woman's value in society, first and foremost, as a mother (Parry, 2005; Ulrich & Weatherall, 2000; Woollett & Boyle, 2000).

On the other hand, it also assumes that women always have complete control over their fertility and ability to conceive, whereby, any infertility issues are constructed as 'solvable' and 'manageable' medical problems (Bell, 2013; Cooke et al., 2012). When infertility is characterised as an individual physical impairment fixed by medical interventions it denies the existence of any social and psychological factors contributing to infertility (e.g. pollution, environmental hazards, anxiety, stress and lack of a suitable partner) (L. J. Martin, 2017; Ulrich & Weatherall, 2000). Furthermore, it does not acknowledge that there are still unknown factors which contribute to successful reproduction (Ulrich & Weatherall, 2000).

It is important to note that although motherhood is positioned as synonymous with womanhood, it is typically done so only for those women who fall into socially

accepted categories, such as women who are married to the opposite sex or in a steady heterosexual relationship, who are at a suitable age (not 'too old or too young'), who are in appropriate social and financial positions and who are not too mentally and/or physically unwell (Letherby, 1999; Meyers, 2001; C. M. Morell, 1994; Sevón, 2005; Woollett & Boyle, 2000; Woollett et al., 1991).

Defining the 'Right' Time for Motherhood

Perspectives regarding the 'right' timing of motherhood have been controversially debated within the public media and within scientific research domains (Hadfield et al., 2007; Lampic et al., 2006; Lavender et al., 2015). Research that has focused on people's views of the optimum timing of motherhood has emphasised the complexity of the decision-making process, highlighting the importance of applying a holistic understanding which recognises the interaction between biological, social and cultural factors (Benzies et al., 2006; Cooke et al., 2010; Lavender et al., 2015; L. J. Martin, 2017; Sevón, 2005). These complexities include having children at the 'right' biological age whilst also achieving the 'right' personal and social life milestones before entering motherhood (e.g. establishing a career and being in a stable relationship). These factors and the complexities they create for women's reproductive decisions will be explored in further detail for the remainder of the chapter.

'Right' Age

The optimum *age* for motherhood has been a central focus in research exploring the 'right' time for motherhood (Beaujouan & Sobotka, 2017; Budds et al., 2013; Gotlib, 2016; Hadfield et al., 2007). Most medical literature claims that the biological optimal age for childbearing is between 20 and 35 years old, arguing that there are lower health risks for both the mother and child, and that there are less negative social and economic consequences (Hadfield et al., 2007; Schmidt et al., 2011; Smajdor, 2009). As a result, there has been a particular focus on the biological and perceived social disadvantages of having children outside of the biological optimal age range e.g. when you are considered 'too old' or 'too young' (Beaujouan & Sobotka, 2017; L. J. Martin, 2017; Perrier, 2013; Smajdor, 2009).

Younger mothers

Discussions about younger mothers are typically associated with the perceived social disadvantages, which refer mostly to younger mothers' limited abilities to financially support and care responsibly for their children (Woollett & Boyle, 2000; Perrier, 2013; Benzies et al., 2006). However, teenage motherhood has also been linked to poorer health outcomes for both the mother and child. For instance, teenage mothers are more likely to give birth prematurely, have babies with low birth weight and have an increased chance of infant mortality in comparison to mothers giving birth in the optimum biological age range (Hodgkinson, Colantuoni, Roberts, Berg-Cross, & Belcher, 2010; Jolly, Sebire, Harris, Robinson, & Regan, 2000). In addition, teenage mothers are at higher risk of experiencing depression, isolation and poor mental health outcomes for the first three years after birth (Lanzi, Bert, & Jacobs, 2009; Moffitt, 2002; Rubertsson, Waldenström, & Wickberg, 2003).

Despite these reported negative outcomes, some research has challenged the idea that teenage motherhood goes hand in hand with poorer social and health outcomes, showing that many teenage mothers report a positive and fulfilling experience as mothers while raising well-developed children with good connections to their families and communities (Chohan & Langa, 2011; Duncan, Edwards, & Alexandra, 2010; Mkhwanazi, 2010). Nonetheless, most of the existing literature shows that in public and policy discourse, younger mothers are still characterised as 'choosing' an inappropriate time for motherhood (Nayak & Kehily, 2014; Perrier, 2013). Social policies portray teenage motherhood as a public health concern, and develop strategies to reduce overall teen pregnancy numbers (Arai, 2009; Collins, 2010, 9-10 June; Duncan, 2007). The implication is that teenage motherhood is a problem that must be reduced and solved (Budds et al., 2013; Cooke et al., 2010; Shaw & Giles, 2009).

The perceived disadvantages of younger mothers are also reinforced by media messages (Hadfield et al., 2007; Perrier, 2013). An analysis of British media articles completed by Tyler (2008), showed that teenage motherhood was typically accompanied with messages about "sluttish behaviour" and a tendency towards "multiple pregnancies". Similar findings about teenage motherhood were reported in articles by Cameron (2007) and Weather (2005), which showed that mainstream media articles predominately framed stories about teenage motherhood negatively. The

stories often featured underlying messages linking teenage motherhood to a loss of childhood innocence and poor social outcomes (Cameron, 2006; Weathers, 2005). In New Zealand, similar media messages have been identified where teenage motherhood has been depicted as a negative problem that needs to be fixed (K. Johnston, 2017, August 22; "Teen pregnancy a growing concern," 2013, November 26).

Older mothers

On the other hand, with a decline in teenage pregnancies and the significant increase in women postponing motherhood across Western societies, attention has shifted more towards the consequences of older mothers having children (Beaujouan & Sobotka, 2017; Lucas et al., 2015; Perrier, 2013). The concerns raised about older mothers are primarily associated with the biological side of motherhood (e.g. fertility and physical ability to conceive and carry a pregnancy to term) (L. J. Martin, 2017). Medical literature has demonstrated that older mothers (aged 35 and above) are associated with an increased risk of adverse health issues (Gotlib, 2016). Examples include lower fertility rates, increased chances of miscarriage, ectopic pregnancies, still births, preterm births, increased risk to their own physical health during pregnancy and to the health of their unborn children (Benzies et al., 2006; Lavender et al., 2015; Perrier, 2013; Ulrich & Weatherall, 2000).

Social policy debates in Western societies are currently less about concerns regarding teenage pregnancies but instead highlight concerns regarding delayed motherhood and ticking “biological clocks” (Heffner, 2004; Twenge, 2013, July). In addition, the medical industry has emphasised the importance of women having their children within the biological optimum age to avoid preventable negative medical consequences (Crawford & Steiner, 2015). In 2005, a paper was published in the British Medical Journal cautioning the widespread epidemic of older mothers in Britain and in many Western countries, stressing the importance that women have their children between 20 and 35 years old to minimize negative implications (Bewley, Davies, & Braude, 2005). The article references the increased cost to the public maternal health system due to the increase in complexity of cases. It also outlined the increased cost to employers for maternity leave for older mothers, assuming that older women receive higher remuneration than younger women. Similarly, the Royal College of

Obstetricians and Gynaecologists in 2009 released a statement defining advanced maternal age as a public health concern that needs to be addressed, warning mothers who are planning to have children over 35 years of age that they are leaving it 'too late' (Royal College of Obstetricians & Gynaecologists, 2009). Furthermore, in 2017 in New Zealand an article was written in the national newspaper where a doctor from Fertility Associates stressed the importance of women having children younger than 30 years in order to successfully have multiple children without the need for ARTs (S. Harris, 2017, 1 November).

These concerns are also reflected in popular media, where older mothers are represented negatively through emphasizing the concern around the increased health risks associated with advanced maternal age, and the lack of representation in the articles about the potential advantages of older mothers (Benzies et al., 2006; Cooke et al., 2012; Hadfield et al., 2007; Hope, 2013; Shaw & Giles, 2009). An analysis of British media stories completed by Tyler (2008), revealed that articles on older mothers were dominated with messages about 'leaving it too late' and choosing careers over motherhood. Similarly, a later study exploring multiple British newspapers identified that newspapers extensively discussed the risks of health issues for older mothers and their babies (Budds et al., 2013). The study also showed the newspapers over simplified these risks and omitted details about the likelihood of older mothers having positive birth outcomes. In New Zealand, similar media messages have been identified where articles on women having children post 35 tend to focus mostly on the increased risk of adverse health issues and articles have highlighted the importance of women having children younger (Bridgeman, 2013; S. Harris, 2017, 1 November; M. Johnston, 2008).

In addition to the health risks associated with advanced maternal age, delaying motherhood has been associated with multiple other perceived negative consequences (Beaujouan & Sobotka, 2017; Leopold & Skopek, 2015). Delaying motherhood is seen as a primary contributor to the increase in childlessness and reduced overall family size in Western populations (Beaujouan & Sobotka, 2017; Leridon & Slama, 2008; Schmidt et al., 2011). The significant increase in women delaying childbearing has meant that more women experience difficulties conceiving and carrying pregnancies to term than before and more women are remaining involuntarily childless despite attempted medical interventions (Beaujouan & Sobotka,

2017; Schmidt et al., 2011; E. Te Velde, Habbema, Leridon, & Eijkemans, 2012; Wyndham et al., 2012). Using a simulation model, Leridon and Slama (2008) explored the impacts of postponing motherhood, specifically looking at the effects of postponement of first pregnancy by 2.5 years and 5.6 years. The sample included the reproductive history of 100,000 women and was based on the fertility and demographic characteristics of French women born in 1968. The results identified that when the mean age of first pregnancy attempt went from 25.1 to 27.6 years, fertility decreased by 5.2%, and an additional increase of 3.1 years resulted in a decrease of 11.9% in fertility. In addition, delaying the first pregnancy attempt by 5.6 years resulted in just over a 10% decrease in the number of total children per women (2.00 to 1.77) as well as significantly increasing the percentage of childless couples 11.7% to 17.7%. Similar findings were identified in Te Velde et al.'s (2012) study, which evaluated specifically the impacts of delaying motherhood on permanent involuntary childlessness in six European countries. The findings showed that permanent involuntary childlessness has doubled since the 1970s in all countries.

Research has also started discouraging later motherhood on social grounds, suggesting that women who delay motherhood are leaving themselves and their future children unsupported later in life (Budds et al., 2013; Leopold & Skopek, 2015; Shaw & Giles, 2009). Later motherhood creates a larger age distance between generations. Consequently, parents having children later in life are less likely to be alive, or alive for long, for their grandchildren or may be in poorer health when they become grandparents (Schmidt et al., 2011). Likewise when older parents become mothers and fathers for the first time their parents are less likely to be able to provide reliable long term support as it is probable that they are in their later years of life (Budds et al., 2013; Cooke et al., 2010; Shaw & Giles, 2009). When exploring mothers' views on intergenerational relationships, Perrier (2013) reported that both the younger and older mothers strongly valued the intergenerational connection between children and their grandparents, particularly valuing grandparents who were still able to care for and 'keep up' with the grandchildren. Older mothers in this study discussed this as a key disadvantage to having children at an older age. Women in Martin's (2017) study reported feeling the same, expressing concerns about their children not knowing their grandparents, as well as concerns about their age when their children become parents.

Postponing motherhood has led to an increase in the demand for ARTs, as women planning to have children outside of the biological optimum age range are more likely to have difficulties conceiving (Beaujouan & Sobotka, 2017; Szewczuk, 2012; Wyndham et al., 2012). It is estimated that the number of women accessing ARTs at advanced maternal ages have increased tenfold over the past few decades (Wyndham et al., 2012). In the United States, the Society for Assisted Reproductive Technologies reports that while there has been an increase in women of many ages accessing ARTs, there has been the most dramatic increase in women aged 41 and over (Society for Assisted Reproductive Technologies, 2011). The number of ART cycles for women aged 41 or older increased by 41% between 2003 and 2008 (Society for Assisted Reproductive Technologies, 2011) and in 2010 it was documented that 21% of all the ART cycles were for women aged 41 and older (CDC, 2015, October). The latest report on ART's in Europe showed that (across the 16 countries covered in the report) ART cycles for women over 40 years of age increased by a factor of 3.1 from 2000 to 2012, and that the number of ART cycles for younger women increased by a factor of 1.8 (Calhaz-Jorge et al., 2016). From 2008 to 2012, there has been a 12.5% increase in ART treatment cycles undertaken across New Zealand and Australia (Macaldowie, Wang, Chughtai, & Chambers, 2014). In New Zealand and Australia during 2014, the average age for women completing autologous cycles was 35.8 years old and the average age of women using ART treatments with donated oocytes or embryos was 40.4 years (K. Harris et al., 2016). Approximately 25% of women completing autologous cycles were 40 or older in 2014 (K. Harris et al., 2016).

With the growing popularity of ART's, it appears that many women have developed misperceptions about its effectiveness, in particular its ability to compensate for infertility issues at advanced maternal ages (Szewczuk, 2012; Wyndham et al., 2012). These misunderstandings seem to have created an illusion that women can have significant control over their fertility well into their later reproductive years, and so delaying motherhood to later in life is perceived by many as a viable option (Mac Dougall et al., 2012; Maheshwari et al., 2008). One of the key issues however, is that in reality many ARTs have limited success rates for women of advanced maternal ages (Szewczuk, 2012; Wyndham et al., 2012). It is estimated that only *half* of the age-related decrease in fertility that occurs between 30 and 35, and a third that occurs between 35 and 40 years, is overcome by the use of In Vitro

Fertilisation (IVF) (Baird et al., 2005; E. Te Velde et al., 2012; E. R. Te Velde & Pearson, 2002). In addition, the chance of a live birth after a cycle of ART is estimated at 41% for women 35 years of age and younger, 18% for women at age 40, and 4.2% for women aged 42 years and older (CDC, 2015, October). In New Zealand and Australia during 2014 there were 73, 595 ART initiated cycles, with only 18.2% of these resulting in live births (K. Harris et al., 2016).

The misperceptions about the effectiveness of ARTs are reinforced through media headlines in newspapers and on television documentaries displaying pictures of women (those who make up the minority percentage) who have successfully given birth in their 40s and 50s (Daniluk, Koert, & Cheung, 2012; Jenny, 2010; T. A. Mills, Lavender, & Lavender, 2015; Szewczuk, 2012; Wyndham et al., 2012). The media also tends to focus on popular celebrities achieving motherhood at advanced maternal ages (Cohen, 2010; Cooke et al., 2012). What these media displays often neglect to include are the associated health risks, and the significant time, money and processes that were involved for these pregnancies to be successful (Beaujouan & Sobotka, 2017; Mac Dougall et al., 2012; T. A. Mills et al., 2015; Szewczuk, 2012). Commonly women giving birth to children in their 40s and 50s have done so through oocyte and embryo donation and this information is typically omitted from these media stories (Mac Dougall et al., 2012; Szewczuk, 2012). The lack of genetic contribution in oocyte and embryo donation may be a concern for some, therefore being knowledgeable about each ART is important to help people make informed decisions (Wyndham et al., 2012). Furthermore, accessing oocyte or embryo donors is often challenging due the low availability, challenging processes surrounding donation and the multiple psychosocial implications associated (Bankowski, Lyerly, Faden, & Wallach, 2005; Beaujouan & Sobotka, 2017; Szewczuk, 2012; Wyndham et al., 2012).

Existing literature suggests that many men and women have limited awareness about age-related fertility issues, health risks and the effectiveness of ARTs (Daniluk et al., 2012; Hammarberg et al., 2013; Lucas et al., 2015; Peterson, Pirritano, Tucker, & Lampic, 2012). Many studies have identified little evidence to suggest that biological risks associated with postponing childbirth have a dominant role in influencing women's decision to have children (Lavender et al., 2015). A review of qualitative studies looking at women's reasons for and perceptions of postponing childbearing completed by Cooke et al (2010) indicated that women were relatively unaware of the

medical risks associated with pregnancy in women aged 35 and over. Similar findings were recognised in Cooke et al. (2012) and Lavender et al. (2015) where although participants mentioned that fertility rates declined with age, they demonstrated a limited awareness of the actual medical risks associated with delaying motherhood. Furthermore, women in Cooke et al.'s (2012) study expressed a disbelief that advanced maternal age alone increased the chances of poor medical outcomes relating to childbearing.

In an Australian study by Hammarberg et al. (2013), 463 people aged 18 to 45 years old were interviewed to determine their level of knowledge about the factors influencing fertility. All participants in the study wanted a child or wanted another child either now or in the future. The results identified that most participants underestimated the age at which female fertility begins to decline by 10 years. Only 25% of participants were aware that female fertility started declining before age 35, and only 40% of participants were knowledgeable about the time period during a woman's menstrual cycle where conception was most likely. Interestingly, most participants recognised that female smoking and obesity negatively affected fertility, but only 30% were aware that male smoking and obesity negatively influence fertility.

Similar findings have been identified in various other studies evaluating younger people's (predominantly university students') understandings about fertility (Bretherick, Fairbrother, Avila, Harbord, & Robinson, 2010; Hashiloni-Dolev, Kaplan, & Shkedi-Rafid, 2011; Peterson et al., 2012; Rovei et al., 2010; Tydén, Svanberg, Karlström, Lihoff, & Lampic, 2006; Virtala, Vilska, Huttunen, & Kunttu, 2011). Peterson, Pirritano, Tucker and Lampic (2012) for example, reported that although 90% of the 246 American university students in their study expressed wanting children and considered it highly important, they had limited knowledge and awareness of fertility issues. Most students in this study hugely overestimated the age at which women have a slight decline in their fertility, as well as overestimating the age at which women have a significant decline in their fertility. Moreover, 92% of participants overestimated the likelihood of pregnancy during unprotected intercourse during the fertility window. Finally, 64% of men and 52% of women overestimated the likelihood of having a baby after one cycle of IVF.

Likewise, a study undertaken on 724 New Zealand university students explored whether students were aware of the age-related decrease in fertility, success rates of

IVF and whether they understood which ARTs could extend their reproductive lifespan (Lucas et al., 2015). The findings suggested that although students were aware that women's fertility rates decline with age, they significantly overestimated the likelihood of women becoming pregnant naturally at any age, as well as substantially overestimating the success of IVF. For example, students estimated the success rate of IVF in women aged 48 to 52 years as approximately 18%, and 14% for those aged 53 to 58 years. Most students were able to identify at least one ART (predominantly IVF) that could prolong their reproductive lifespans. However, they demonstrated insufficient knowledge around the processes involved and were overly optimistic about the effectiveness of ARTs.

In addition to the research above, numerous other studies looking specifically at the presence of misunderstandings about ARTs have consistently suggested that men and women are uninformed about the processes involved with different ARTs, as well as their success rates (Daniluk & Koert, 2013; Daniluk et al., 2012; Fulford, Bunting, Tsibulsky, & Boivin, 2013; Maheshwari et al., 2008). A survey involving over 3000 childless Canadian women aged between 20 and 50 years, identified that less than half of participants knew the cost of one round of IVF, 90.9% believed that ARTs could help most women to have a baby utilising their own eggs at any stage prior to menopause, and 72.9% believed that the health and fitness of women over 30 years old predicted fertility more so than her age (Daniluk et al., 2012). The same study was replicated on 599 Canadian men, and the results showed that the men demonstrated even less awareness and knowledge than the women on ARTs (Daniluk & Koert, 2013).

Another study exploring women's understandings about ARTs, showed 85% of the women from the sub-fertile group and 77% of women from the pregnancy group believed that ARTs could overcome the effects of age (Maheshwari et al., 2008). In addition, 47% of women in the sub-fertile group and 45% of the women in the pregnancy group did not know that the likelihood of having a baby with IVF decreased between ages 30 and 40 years. These results have been replicated in numerous other studies showing both men and women have substantial knowledge gaps regarding ARTs, including awareness of the processes involved, the cost, the effectiveness and the impact of age on ART success (Everywoman, 2013; Fulford et al., 2013; Gossett, Nayak, Bhatt, & Bailey, 2013; Hashiloni-Dolev et al., 2011; Mac Dougall et al., 2012; Szewczuk, 2012).

It is commonly not until couples experience first-hand the difficulty of getting pregnant (often when using ARTs) that they develop a thorough understanding of fertility (Daniluk et al., 2012; Schmidt et al., 2011; Wyndham et al., 2012). Not only are ARTs restricted in their effectiveness but many forms of ARTs are expensive, invasive and time-consuming (Mac Dougall et al., 2012; E. Te Velde et al., 2012). All of this highlights the importance of educating men and women from a young age about fertility, health risks associated with advanced maternal and paternal ages, and ARTs to help enable people to make more informed decisions about planning parenthood (Beaujouan & Sobotka, 2017; L. J. Martin, 2017; Szewczuk, 2012).

In summary, evidence to date demonstrates that the biological optimal age range for childbearing originally proposed by the medical community is a central factor that society draws on to define the 'right' time for motherhood (Budds et al., 2013; Smajdor, 2009). Subsequently, those women outside the biological optimal age range, such as younger and older mothers, are characterised as making the wrong choice about the timing of motherhood (Budds et al., 2013; Sevón, 2005; Shaw & Giles, 2009). In this context, younger mothers are typically framed as making irresponsible choices while older mothers tend to be framed as making selfish choices and "wanting it all" (Shaw & Giles, 2009; Smajdor, 2009). The difficulty with this is that it assumes that all women make an active, straightforward choice about their timing of pregnancy, ignoring all the other factors that may be contributing to a woman's decision about the timing of motherhood (Cooke et al., 2010, 2012; L. J. Martin, 2017; Smajdor, 2009). It also implies that motherhood is compulsory, suggesting that the only choice regarding motherhood is *when* to have a baby, disregarding a woman's option not to have children (Budds et al., 2013; Sevón, 2005).

Constructing the timing of motherhood as an active choice made by all women also positions women as individually responsible for the timing of their pregnancy and thus, accountable for the consequences of their choices (Budds et al., 2013; Cooke et al., 2010, 2012). Daniluk (2015) names this as the "blame the women for waiting too long" discourse which positions women who delay having children until beyond the biological optimal age range, as personally and singularly accountable for any adverse outcomes of their decisions such as, involuntary childlessness and health issues (Budds et al., 2013; Daniluk, 2015; Smajdor, 2009). Again, this disregards the countless economic, social and cultural factors influencing women's decisions, some of which, as

discussed below, are likely limiting the extent to which women are able to actively make choices about their timing of motherhood (Cooke et al., 2010; Daniluk, 2015; L. J. Martin, 2017; Perrier, 2013; Sevón, 2005).

'Right' Social and Personal Conditions

In the Western world, independence, higher education, financial stability, being well travelled and having a successful career are greatly valued (Benzies et al., 2006; Cooke et al., 2010; Friese et al., 2006; Lavender et al., 2015). People tend to measure their and other people's levels of self-fulfilment against how well they are doing in relation to these factors (Baker, 2010; Bass, 2015; Lavender et al., 2015; L. J. Martin, 2017; Perrier, 2013; Sevón, 2005). Attaining these is typically associated with the notion of being 'ready' for parenthood, as the individual is then considered sufficiently economically and socially stable (Benzies et al., 2006; Lavender et al., 2015; Sevón, 2005; Sol Olafsdottir et al., 2011).

Studies investigating people's views about the right timing of motherhood provide strong evidence of these Western values. Research has highlighted that most participants emphasise the need for certain personal and social conditions to be met before they felt it was the 'right' time to have children (Cooke et al., 2010; Donath, 2015; Sol Olafsdottir et al., 2011). The main conditions consisted of gaining an education, having a career, being well travelled, financial security, personal ownership of a house, a stable relationship and partner readiness (Benzies et al., 2006; Carolan, 2007; Perrier, 2013; Sevón, 2005; Ussher, 2015). Within a Western normative discourse such conditions represent the 'proper' life course that one is supposed to achieve before being considered ready to be a 'good' parent (Cooke et al., 2010; Lavender et al., 2015; Perrier, 2013; Sevón, 2005).

Pursuing education and career development have been identified as two central factors contributing to women postponing motherhood (Balasch & Gratacós, 2012; Benzies et al., 2006; Carolan, 2007; Friese et al., 2006; Lavender et al., 2015). Both university and mother roles are recognised as time intensive and as such, many women are choosing to delay motherhood in order to pursue further education. University students have been recognised as the most likely group of people to postpone parenthood (Aguinaldo, Morgan, & Julliard, 2014; S. P. Martin, 2000). A study following 7307 European women born in the 1960s illustrated women with a

post-secondary school education had their first child significantly later than women with lower education (M. Mills et al., 2011). Further, women pursuing education that led to careers in male dominated disciplines were even more likely to postpone the birth of their first child than women completing education in female-dominated disciplines (M. Mills et al., 2011).

Many women who are establishing or advancing their careers and/or completing further education are typically doing so during a period which coincides with their peak in fertility (Brown & Diekman, 2010; Cooke et al., 2010, 2012; Daniluk, 2015). Consequently, women are often faced with confronting decisions around prioritisation between career and family life (Benzies et al., 2006; Brown & Diekman, 2010; Ussher, 2015). Research evidence indicates that childbearing can have a negative impact on a woman's lifetime earning potential and career trajectory (Baker, 2010; Bass, 2015; Nowak, Naudé, & Thomas, 2012; Ussher, 2015). Studies indicated that women are often penalised in terms of their earning capacity as a result of absences from the workforce during maternity leave and raising children (Hewlett, Luce, Shiller, & Southwell, 2005; Loughran & Zissimopoulos, 2009; M. Mills et al., 2011; Napari, 2010). The research shows that women with higher levels of education forgo less earning potential, however when comparing lifetime earnings of an educated woman with two children to an equally educated woman with no children, there is a 40% discrepancy between lifetime earnings (Nowak et al., 2012). In addition, women can be disadvantaged with career options as a result of certain jobs requiring long hours and specific availability (e.g. full-time roles) that conflict with standard day-care arrangements (Charlesworth, Strazdins, O'Brien, & Sims, 2011; M. Mills et al., 2011; Nowak et al., 2012; Ussher, 2015).

An Australian study by Carolan (2007) identified that career-orientated women considered combining motherhood and work to be a major obstacle. All mothers in the study were pregnant at age 35 years or later. They believed their chances of future promotions were small due to the incompatibility of motherhood with the time and personal demands of future promotions. For some, even leaving work temporarily while on maternity leave was a struggle and several left only days before giving birth, with many describing leaving extensive detailed instructions on what to do in their absence with their replacements. Likewise, Nowak et al. (2012) identified that female health professionals returning from maternity leave described having decreased

opportunities to complete further formal education, a restriction in the training opportunities made available to them, and a lack of opportunity to advance into senior roles.

Similar findings were identified in a New Zealand study completed by Ussher (2015) which surveyed 178 women without children and investigated to what extent future family planning considerations influenced their career planning. The results suggested that to some extent, New Zealand women felt they had to choose between their career and having a family in that both could not be prioritised equally at the same time. For example, women who highly valued their career progression were less likely to adjust their career plans to accommodate children. Conversely, women who wanted and were planning children were highly likely to adjust their career plans to accommodate future family planning considerations.

Chief operating officer at Facebook, Sheryl Sandberg, wrote a book encouraging women to 'lean in' to career opportunities and future advancements, while also discussing the variety of issues that women are presented with in the workforce (Sandberg, 2013). She noted in her book that many women from a young age are confronted with the decision to either focus on having a good career or being a good mother. She and others discussed how many women are prematurely opting out of their careers because of future plans to start a family (Ganginis Del Pino, O'brien, Mereish, & Miller, 2013; Marks & Houston, 2002; Sandberg, 2013). In particular, Sanberg (2013), Bass (2015) and Ussher (2015) identified that many women are reluctant to advance their careers, as they perceive a mismatch between having and raising children with challenging jobs. For example, they found women are reluctant to accept career opportunities based on the notion that when they have families they will not be able to manage their work commitment with family life commitments.

The existing conflicts women experience between education, career and family life are also further exacerbated by the current economic climate where many people are struggling financially (Adsera, 2004; Budds et al., 2013; Kreyenfeld, 2009). Within the current economic climate, it is very common that two average incomes are required to maintain a reasonable standard of living (Budds et al., 2013). Given that financial stability is a common criteria people report as necessary before having children (Benzies et al., 2006), providing adequate support for women that gives them

the opportunity to further their career while still having a family is vital (Baker, 2010; Bass, 2015; M. Mills et al., 2011).

Furthermore, cultural norms within Western societies tend to push the responsibility onto women to have and raise children within an environment consisting of a loving and secure two-parent relationship (Daniluk, 2015; L. J. Martin, 2017). However, many women describe postponing motherhood due to the inability to find a suitable stable relationship and their partner's unwillingness to have children until later in life (Cooke et al., 2010; L. J. Martin, 2017; M. Mills et al., 2011). In New Zealand there is an apparent 'man drought' which may further restrict a woman's ability to find a suitable partner (Callister & Didham, 2014). The 2013 New Zealand Census reported that within the age range 25 to 49 years, for every 100 women there are only 91 men (Callister & Didham, 2014). In addition, the decision regarding the timing of motherhood is likely further complicated in same sex relationships where natural conception within the relationship is not possible and as a result more detailed planning for parenthood is required (Benzies et al., 2006; L. J. Martin, 2017).

Rationale and Aims for the Current Study

As discussed in this review, contemporary society regularly frames women as having complete autonomous control over their decisions as to when to have children. The existing literature however, provides significant evidence of the biological, social and structural barriers constraining women's reproductive autonomy in current society (Benzies et al., 2006; Cooke et al., 2010; Daniluk, 2015; L. J. Martin, 2017; Perrier, 2013). For example, women may not consciously delay motherhood but may not find a partner they wanted to have children with until later in life and/or their partner was not ready for children (Cooke et al., 2010, 2012; Maher & Saugeres, 2007). Additionally, some mothers may be significantly disadvantaged in relation to their career progression if they take maternity leave earlier in their career when they are younger, or many women may not be financially stable and able to support children until later in life (Benzies et al., 2006; Budds et al., 2013; Cooke et al., 2012; Ussher, 2015). Furthermore, the time at which all these social conditions are satisfied may coincide with a decline in a woman's fertility, further complicating the decision to have a child (Cooke et al., 2010; L. J. Martin, 2017; Sol Olafsdottir et al., 2011). The social

expectation that women can and should be taking an active role in choosing to have children at the 'right' time is at odds with the reality of many women's lived experiences (Cooke et al., 2012; Meyers, 2001; Perrier, 2013).

While there is a growing amount of qualitative research exploring women's experiences and understandings on the 'right' time of motherhood, there has been little qualitative research completed on this area within New Zealand. Therefore, there is a limited understanding of New Zealand women's views and understandings relating to this area. While there has been one New Zealand study completed by Ussher (2015) investigating women's views about the timing of motherhood, the focus of that study was specifically on how career planning influenced women's decisions about the timing of motherhood. This current project will approach the topic more broadly, aiming to gain greater insight and understanding into the multiple interconnected social, biological and cultural factors that may be influencing women's decisions about the timing of motherhood.

Making sense of and coping with the decisions surrounding if and when to become a mother can be challenging and stressful for women (Sevon, 2005; Donath, 2015; Woollett & Boyle, 2000). The existing research has shown that men and women have an overly positive view of their fertility while having a limited awareness of the medical complications, the significant drop in fertility and the effectiveness of ARTs with increased maternal age (Daniluk, 2015; Lampic et al., 2006; Lavender et al., 2015; Lucas et al., 2015; Schmidt et al., 2011; Wyndham et al., 2012). This could have serious long-term consequences compromising a couple's ability to conceive naturally and may lead to involuntary childlessness, which highlights the importance of research in this area (Bell, 2013; Cooke et al., 2010; Daniluk, 2015). There is clear incompatibility between the biological ideal timing for motherhood and the socially ideal time, stressing the need for a holistic approach to reproductive decision-making targeting biological, social, cultural and structural barriers (Bell, 2013; Budds et al., 2013; Daniluk, 2015; L. J. Martin, 2017; M. Mills et al., 2011; Sevón, 2005). A greater understanding of New Zealand women's views and experiences may promote a better understanding of how we can support women challenged with these decisions in New Zealand (Cooke et al., 2010; Daniluk, 2015; Lavender et al., 2015). Particularly, this increased understanding and knowledge could be beneficial for healthcare

professionals who are meeting with women and couples seeking guidance and support around these decisions (Cooke et al., 2010, 2012; Daniluk, 2015; M. Mills et al., 2011).

Chapter 3: Methodology and Methods

Methodological Approach

In the current study, a qualitative approach will be utilised in order to draw out rich detailed accounts of participants' views and understandings about the timing of motherhood. Within a qualitative research framework lies a fundamental underlying assumption that there is no one universally correct version of reality or knowledge (Braun & Clarke, 2013; Sullivan, 2010). Moreover, qualitative research methodologies argue that there are numerous versions of reality, not only between people, but also within the same person (Braun & Clarke, 2013; Willig, 2013). These versions of reality are strongly related to the context in which they occur (Braun & Clarke, 2013; Henwood, 2014). Consequently, qualitative research is more often concerned with exploring and understanding meanings (Henwood, 2014; Willig, 2013). Specifically, qualitative research focuses on participants' subjective experiences and explores how participants make sense of and understand their worlds (Ormston, Spencer, Barnard, & Snape, 2014; Sullivan, 2010). The purpose of qualitative research is not to predict research outcomes as in quantitative research, but rather it seeks to understand and interpret meanings, events and experiences (Braun & Clarke, 2013; Henwood, 2014; Willig, 2013). A qualitative research approach is suitable for the current research project as this research aims to gain a greater insight and understanding into women's views about the timing of motherhood, the various social and cultural factors that may influence their decisions, and how women make sense of this.

Epistemological Position

Epistemology is the theoretical perspective underpinning research (Braun & Clarke, 2013; Willig, 2013). This research project is informed by a social constructionist epistemological position, which argues there are multiple different constructions of reality and that these constructions of reality influence how we experience and understand the world (Braun & Clarke, 2013; Gergen, 2015; Willig, 2013). Burr (2015) proposed that there is no one singular definition of social constructionism and as such, there are several ways constructionism has and can be used and understood. Nevertheless, Burr (2015) suggests there are shared commonalities between the constructionism approaches, which include some or all of the following assumptions:

1. Social constructionism rejects the notion suggested by positivism that knowledge is solely based on objective, unbiased observations of the world and that there are universal truths. It emphasises the importance of questioning our everyday accepted understandings about the world and ourselves. For example, it would reject the idea that there is one universally correct answer about the 'right' timing of motherhood.
2. The way we understand the world is historically and culturally specific. For example, our views about the 'right' time of motherhood are contextual and as such may have changed over time (e.g. with the introduction to contraception and education). In addition, our ideas about the 'right' timing of motherhood differ depending on our cultural background. Furthermore, it is not just the culture and time that influence our understandings but the social, political and economic norms dominating within a culture at that particular time that help to shape our realities.
3. Knowledge is socially constructed through our social interactions. It is over time, through our daily interactions with others, that common versions of knowledge are constructed, and, multiple constructions of reality are possible at any given time. Social constructionism is particularly interested at looking at how language is used in everyday interactions and how language can be used by people to construct multiple meanings about the world. As a result social constructionists tend to be concerned with discourses, in that they explore how various social discourses influence the way in which people talk about phenomena and experiences (Willig, 2013). Furthermore, various approaches to social constructionism explore how people can be positioned differently as a result of the different discourses available to them (Willig, 2013).
4. The different versions of knowledge constructed by society permit certain action positions. For example, the dominant pronatalist discourse that argues motherhood is essential to women's identity restricts women's options by suggesting motherhood is the only action possibility for women.

Recruitment

Participants were recruited through the researcher's Facebook page. The Facebook post asked eligible women who were interested in participating to contact

the researcher by email. Those who expressed interest through email were sent a Participant Information Sheet (Appendix A) and a Consent Form (Appendix B) and asked to read both before making a decision whether to participate in the research. They were given two weeks to respond as well as the opportunity to ask the researcher questions. The women who met the study criteria and consented to take part in the research were sent an email invitation to one of the focus group discussions.

Participants

To be eligible for the current study, participants needed to be female, aged between 25 and 40 years old with no children. In total, 13 women aged 25 to 32 years old (average age 28) participated in the two focus group discussions. One focus group consisted of friends (n=6) while the other focus group consisted of a mix of strangers and acquaintances (n=7). This study specifically looked at women without children, seeking to gain an understanding of the decision-making process for women who may or may not choose to have children.

Demographic information was collected at the beginning of each focus group discussion via individual questionnaire. At the time of the research, all participants identified as heterosexual except one participant who identified as bisexual/other. Twelve out of the thirteen participants were in a relationship (partnered, engaged, or married). Eight participants identified with an ethic group that is dominant within New Zealand society (New Zealand European), one identified as New Zealand Maori, two as New Zealand European/Maori, one as English/Japanese, and one as Persian. Most participants were in paid employment and at minimum held a University undergraduate qualification.

Focus Groups: data collection and procedure

Focus groups were chosen as the data collection method as the researcher saw them as a relatively quick and effective way to access multiple participants' viewpoints at the same time (Braun & Clarke, 2013). The central aim of the research was to explore women's views and understandings of the timing of motherhood, so a group format was identified as a suitable method for data collection. Focus groups are unique from interviews or surveys in that they elicit social interaction among group

members (Braun & Clarke, 2013; Wilkinson, 1999; Willig, 2013). Within a focus group context, participants are able to interact with one another through asking questions, extending on statements, challenging and agreeing with one another (Braun & Clarke, 2013; Willig, 2013). These everyday social interactions seen in focus groups help to decrease the artificiality and de-contextualisation that can occur in many forms of data collection methods (Braun & Clarke, 2013; Wilkinson, 1999; Willig, 2013).

It has been suggested that focus groups provide a more naturalistic setting, encouraging more regular everyday conversations than those produced through other methods such as interviews (Wellings, Branigan, & Mitchell, 2000; Wilkinson, 1999; Willig, 2013). More than that, focus groups move the balance of power and control away from the researcher (Wilkinson, 1999; Willig, 2013). The researcher's influence is reduced merely by the fact that they are part of a group rather than a one-to-one setting (Wilkinson, 1999). In addition, the emphasis is on the social interaction between participants rather than the interaction between researcher and participant (Wilkinson, 1999). The current study was particularly interested in how women as a group discussed and made sense of the 'right' time for motherhood. Focus groups can help to uncover the ways in which people jointly construct meanings, as well as showing how participants may negotiate their different positions and try to persuade others to change their opinions (Braun & Clarke, 2013; Wilkinson, 1998; Willig, 2013).

The two focus groups were completed at AUT on the North Shore Campus in a private room lasting approximately 1 hour each. Participants were asked to bring a copy of their consent forms or to sign a consent form prior to the focus group starting. They were then asked to choose a pseudonym to protect their privacy outside the focus group. At the beginning and end of the discussion, the researcher emphasised the importance of confidentiality and respecting others' viewpoints. The focus groups were guided by the researcher who used prompts and a small number of lead questions to facilitate the discussions. Questions and prompts were informed by the research question and the relevant literature in the topic area. The questions and prompts are included below and in Appendix C.

- Do you think there is a 'right' time to have children in New Zealand?
- Explain reasons for your answer
- What are some of the factors that influenced your views about the timing of motherhood?

- Is the timing of motherhood something you think about?
- How does thinking about the timing of motherhood affect you?
- What societal views and media messages about the timing of motherhood are you aware of in NZ?
- What do you think the implications of these messages are for you and other women?
- Are there any things you can think of that would be helpful for women in New Zealand who are feeling challenged about making decisions about their timing of motherhood?

- Is there anything anyone else would like to share before we finish?

These were mostly utilised at the beginning of the focus group to start the conversation and when the conversation stalled or strayed off topic. Not all questions and prompts were utilised because, as recommended by Willig (2013), the moderator predominately let participants direct the conversation and as such the discussion often flowed naturally without prompts required. As a moderator, it was important to be mindful of the group dynamics and ensure that all group participants had a chance to share their viewpoints (Braun & Clarke, 2013; Willig, 2013). In particular, being aware of members becoming too dominant in the focus group, which may cause other participants to disengage from the conversation, or feel pressured to agree with the dominant person (Willig, 2013). In the current study, this was managed by establishing ground rules at the beginning of the focus groups which aimed to provide group members with a safe environment where they could openly share their opinions. The moderator ensured all group members had an opportunity to share their thoughts by asking some group members direct questions to provide those who had not yet spoken a chance to share their views.

Transcription

Willig (2012) highlights the importance of acknowledging that the transcription process is always going to be subjected to a process of interpretation and therefore the transcription is never simply going to be a mirror image of the interview or focus group. In the present study, focus group discussions were video recorded using an iPhone and then later transcribed verbatim by an external transcription provider.

Therefore, the data were subjected to interpretations by the external transcriber as well as the researcher. In addition, light edits were made in the transcripts to remove most non-linguistic features (e.g. false starts, interruptions, stutters, etc.) and grammatical errors were also removed from the data. This is known as a de-naturalised transcription where the data is tidied up to help provide a more clear and effortless read of the data (Ross, 2010). This type of transcription was chosen because the focus of this research was on capturing the meaning of content and exploring the broader social and cultural meanings within the data, rather than the focusing on the linguistic subtleties.

Method of Analysis

The data collected from the focus groups was analysed using thematic analysis. This method of analysis was chosen for the current research project as it is a flexible method, able to work with various research questions and sample sizes, and does not require a specific theoretical position or method of data collection (Braun & Clarke, 2013; Clarke & Braun, 2013). In addition, thematic analysis is recommended as a suitable method of analysis for beginner qualitative researchers as it outlines a clear set of processes, making it an easily accessible method for the novice researcher (Braun & Clarke, 2006), and thus appropriate for student projects such as the current one. Braun and Clarke (2006) suggest that this is the first method of analysis beginner qualitative researchers should learn, as it helps teach foundational skills that are required for more detailed qualitative methods of analysis that researchers may utilise once more experienced.

Essentially thematic analysis aims to identify, organise and analyse patterns within qualitative data sets (Braun & Clarke, 2006). In the current research, patterns within the data were identified using a theoretical ('top down') approach which recognises that the analysis will be guided by existing theoretical ideas in the research area (Braun & Clarke, 2006; Clarke & Braun, 2014). During analysis the coding of the data was directed by the specific research question and considered themes identified in previous studies on the same research area (Braun & Clarke, 2006). The thematic analysis was conducted at a latent level identifying and exploring the broad socio-cultural ideas, assumptions and discourses that are informing and influencing the identified themes (Clarke & Braun, 2013, 2014).

In the current research, the six steps outlined in Braun and Clarke (2006) were applied to complete the thematic analysis. Thematic analysis does not require the researcher to follow the steps in a linear manner, and it is expected during the analysis process that the researcher will move back and forward between the phases (Braun & Clarke, 2006). The steps include:

1. Familiarising oneself with the data: This involves immersing yourself in the data by reading and re-reading the data as well as listening to the audio (once as a minimum requirement). This step also involves the researcher making notes of initial thoughts and reflections for coding.
2. Generating initial codes: Identifying pieces of the data that are potentially relevant to the research question. This is done systematically by going through the data identifying parts of the data that may indicate possible patterns (themes). Coding data extracts was achieved by using notes and coloured pens.
3. Searching for themes: The focus moves to identifying broad overarching patterns and themes. This involves collating the different codes identified in step two into possible themes and sub themes. This includes identifying how different codes may join together to produce different themes. It is recommended that visual representations are used to help guide this process such as mind maps or tables.
4. Reviewing themes: Checking the themes against the coded data to determine that a coherent pattern is formed. In addition, checking the individual themes against the whole data set, thus ensuring that the themes accurately represent the meanings apparent in the data set. During this phase, some original themes may be disregarded, some may be broken down into multiple themes, as well as some new themes being identified all together. At the end of this phase a relatively definite number of themes will be identified.
5. Defining and naming themes: Involves identifying the core meaning of each theme and developing an informative and clear title for each theme. During this stage the researcher will write up a detailed account of the essence of each theme, talking about what this theme is telling us, and how it fits with the overall story of the data.

6. Producing the report: The write up of the analysis combines vivid data extracts with an analytic narrative that clearly and convincingly illustrates the story being told about the data, making a persuasive argument in relation to the research question.

Ethical Considerations

The ethics application for the current study was approved by Auckland University of Technology Ethics Committee (AUTEC) prior to conducting the research (reference number =17/115) as shown in Appendix D. Outlined below are the key ethical considerations for this study.

Informed and Voluntary Consent

Participation in the study was voluntary and those who were invited to participate were free to decline participation at any stage. Those who agreed to participate in the study were provided with consent forms to sign which had details about the purpose and outline of the study, and informed the participants of their rights. It obtained permission to record the focus group discussions and explained confidentiality. In addition, the participants were informed that the research may be used for publications and/or presentations.

Privacy and Confidentiality

Participants were assured that confidentiality and privacy will be maintained as far as possible given the constraints of focus groups. Pseudonyms were used during the focus groups, transcription process and write up of the research to protect the identities of participants. In addition, because the research was completed in focus groups the participants were required to sign a form stating the information shared in the focus group discussions must remain confidential and not be spoken about outside of the focus groups. At the beginning and end of the focus groups, the researcher emphasised the importance of maintaining confidentiality.

The transcription of the data was outsourced to a professional company, and the transcriber signed a confidentiality agreement (Appendix E). Consent forms, transcripts and audio recordings will be safely stored in a locked cabinet at AUT

Akoranga campus after the research has been completed and will be destroyed after 6 years.

Minimisation of Risk

It was not anticipated that participants would experience distress or discomfort from participation in the focus group discussions. Participants did not fall under the vulnerable category as designated by the Standards and Operational Guidance for Ethics Review of Health-Related Research with Human Participants. Nevertheless, several precautions were taken by the researcher to minimise any distress or discomfort. These included the researcher ensuring questions were asked respectfully and informing participants that they always had the option to leave for a while, take a break, or withdraw completely from the study. At the beginning of the focus groups, the researcher set boundaries around the nature of the discussion expected, including that all participants respected the views of other participants in the group and that all participants had the right to say as little or as much as they felt comfortable with. Participants were informed of support agencies they could get in touch with if they felt they needed extra support as result of participating in the research.

Social and Cultural Sensitivity

The researcher is a female, has no children of her own, and is at an age where the decision about the timing of motherhood is relevant for her. In addition, some participants were known to the researcher (fellow students at AUT and through social networks). Consequently, the researcher has some familiarity with the possible social and cultural context of the participants. To ensure social and cultural sensitivity, all participants, regardless of any difference in culture or otherwise, were treated equally and all views were respected. The researcher emphasised to participants that there were no right or wrong answers and an open discussion on their views and understandings was encouraged. The researcher was careful to ensure the information was correctly represented in the data by using direct quotes from the focus group discussions.

Rigour

The scientific value of qualitative research has traditionally been questioned by quantitative researchers, as the criteria (reliability, validity, objectivity and generalisability) used to evaluate quantitative research cannot be addressed in the same way in qualitative research (D. G. Hays, Wood, Dahl, & Kirk-Jenkins, 2016; Morse, 2015). Consequently, qualitative researchers have developed criteria to evaluate qualitative research (D. G. Hays et al., 2016). In the 1980s, Guba proposed four criteria necessary to ensure rigour in qualitative research including credibility (in comparison to internal validity), transferability (in comparison to external validity/generalisability), dependability (in comparison to reliability) and confirmability (in comparison to objectivity) (Morse, 2015; Shenton, 2004). It is important to note although the four qualitative criteria for rigour have been compared to quantitative criteria, they should not be considered to achieve the same goals as quantitative research (Morrow, 2005).

Credibility refers to the degree to which the research outcomes can be considered trustworthy and believable (Morse, 2015). Social constructionism maintains that there are multiple constructions of reality and that these realties are co-created (Burr, 2015; Gergen, 2015; Willig, 2013). Therefore, social constructionism research does not aim to identify objective facts but rather to produce accounts that make sense to people and that are considered credible (Burr, 2015; Morrow, 2005). Some questions that may address credibility could include: Has the research been grounded in existing research? And: Is the research argument coherent and supported? (Morrow, 2005; Parker, 2004; Shenton, 2004). Transferability refers to the extent to which the research findings are transferable to other contexts than the context the data was produced in (Morse, 2015; Willig, 2013). Dependability refers to the similarity of research findings across researchers (D. G. Hays et al., 2016; Morse, 2015), specifically considering whether similar findings would be identified among different researchers conducting research on the same or similar research area (Shenton, 2004). Lastly, confirmability refers to whether the research findings are reflective of the participants' views and experiences (Morse, 2015). This involves ensuring that the research findings do strongly echo the experiences and ideas of the participants in the study instead of being exclusively influenced by the views and perspectives of the researcher (D. G. Hays et al., 2016; Morse, 2015).

Although there is still ongoing debate regarding the necessary criteria to achieve rigour in qualitative research, Guba's criteria have been accepted and used by many for decades (Morse, 2015). Qualitative researchers have identified various strategies to help achieve these criteria – some of which were employed to ensure rigour in the current research (D. G. Hays et al., 2016; Morse, 2015; Willig, 2013). Techniques used in the current research to address credibility and confirmability included reflexivity, peer reviewing and member checking (D. G. Hays et al., 2016; Shenton, 2004). Epistemological and personal reflexivity were used to help establish transparency throughout the research process and allowed the research process in its entirety to be scrutinised (see next section for more detail). Peer reviewing involved the researcher's supervisor regularly reviewing her work throughout the research process. This gave the researcher an opportunity to receive feedback. Member checking was also another way the researcher was able to access feedback. This involved the researcher summarising information said in the focus groups and asking participants whether the summary reflected participants views and understandings. Thick and detailed descriptions of the research processes were used as a strategy to help address the transferability and dependability criteria in the current study. This involved providing contextual information on each aspect of the research process (e.g. participants, methodology, method, data collection, etc.). This will help provide future researchers with the information to complete a similar study as well as having information about the applicability of the research findings to their current context (D. G. Hays et al., 2016; Morse, 2015).

Reflexivity

Qualitative research within a constructionist framework recognises the research process as subjective; whereby it acknowledges that the researcher as well as the participants have their own set of beliefs, assumptions and perspectives that they bring to the research process (Burr, 2015). Therefore, it is not only the participants in the study that influence the knowledge produced, but also the researcher completing the research (Braun & Clarke, 2013; Sullivan, 2010). Considering subjectivity is a crucial component of completing good qualitative research, and thus taking a reflexive approach to the research process is fundamental (Braun & Clarke, 2013). Reflexivity involves critically reflecting on the knowledge produced in the research alongside

reflecting on our contribution as the researcher in producing that knowledge (Braun & Clarke, 2013; Henwood, 2008; Willig, 2013). In qualitative research there are two types of reflexivity: epistemological reflexivity and personal reflexivity (Willig, 2013).

Epistemological Reflexivity

Epistemological reflexivity involves reflecting on the ways in which knowledge has been produced in the research by paying specific attention to the research tools and processes utilised that may have influenced the research (Braun & Clarke, 2013; Henwood, 2008, 2014; Willig, 2013), for instance, having an awareness of how the questions asked and methods used can give rise to particular understandings and constructions of the topic (Willig, 2013). Further, this type of reflexivity emphasises having an awareness of the assumptions made throughout the research process and the implications of these on the research and the results (Henwood, 2014; Ormston et al., 2014; Willig, 2013). All of which calls for keeping a clear audit trail of the research process, outlining what process was followed to promote understanding of how the project was created and conclusions were reached (Willig, 2013). This has been described throughout this current chapter.

It was anticipated that participants would construct multiple understandings of the 'right' time for motherhood and therefore a social constructionist epistemological position was considered appropriate allowing re/deconstruction of multiple truths. Additionally, the current research project aimed to identify social discourses that were influencing women's understandings and views about the timing of motherhood and how these different discourses positioned women. Social constructionism was again deemed suitable by the researcher because this framework is particularly interested in exploring how different social discourses influence the way in which people talk about phenomena and experiences (Braun & Clarke, 2013; Burr, 2015; Willig, 2013).

Personal Reflexivity

Personal reflexivity is about acknowledging the researcher's presence in the study and critically reflecting on the ways in which the researcher may have shaped the research process and its findings (Braun & Clarke, 2013; Caetano, 2015; Finlay, 2008; Henwood, 2014). This involves consideration of how the researcher's values, beliefs, experiences and assumptions influenced the knowledge produced (Braun &

Clarke, 2013; Burr, 2015; Willig, 2013). Moreover, it encourages the researcher to reflect on how his or her own responses to the research context and information discussed shaped the possible avenues made available to the participants during the research (Caetano, 2015; Willig, 2013). At the same time, it calls for considering the implications for the research findings (Finlay, 2008; Willig, 2013). The researcher's influence on the research is not viewed as a disadvantage, but is instead valued within qualitative research (Braun & Clarke, 2013; Finlay, 2008). However, a consideration of the researcher's biases is required (Braun & Clarke, 2013; Willig, 2013).

My interest in studying the timing of motherhood stems from my own personal experiences. Firstly, having been personally challenged with making decisions about the timing of motherhood, I was motivated to learn about other women's views and understandings regarding the timing of motherhood. Secondly, I observed within my own friendship circle and wider networks that this was not a commonly discussed topic. I wondered whether certain discourses positioned women to only feel comfortable openly discussing the timing of motherhood once the decision of when to have children had been made. Thirdly, training towards a qualification in Counselling Psychology, I was motivated as a future clinician to develop a more in-depth understanding about women's views and experiences. It was hoped that this would help develop a better understanding of how to support women challenged with these decisions. Finally, I disclose an interest in social justice and as such was interested to explore the social, cultural and structural barriers within New Zealand restricting women's reproductive decision-making abilities.

As the primary researcher I acknowledge the influence I had on the research process. I directed the focus groups discussions with specific questions and comments which were informed by the research question and drawn from the existing literature. However, they were also partly informed by own personal experiences, values and assumptions. I was conscious that as an educated woman, aged between 25-40 years, with no children, I shared several similarities with the participants. This was believed to be positive in some ways as it helped me establish rapport with participants, as I was relatable and was perceived as sharing similar thoughts, feelings, and experiences. However, I felt that similarities might have shaped the way I asked questions. For instance, for some questions asked, I assumed that the participants shared similar ideas about factors influencing the timing of motherhood. In addition, participants may

have held certain ideas regarding what was socially acceptable to say in my presence and in the presence of others in the focus group. In saying this I attempted to minimise my influence by emphasising during the focus group that there were no right or wrong answers and encouraged people to express their views openly and offer alternative viewpoints. Furthermore, I consciously attempted to reflect on my own personal thoughts and feelings throughout the focus groups, promoting awareness of their influence. For the most part I felt I was aware of the words I used and my behaviour in the focus group.

Chapter 4: Results

The themes identified in relation to participants' views and understandings regarding the 'right' time for motherhood included (1) personal factors, (2) relationship factors and (3) social pressures. In this chapter, the three themes will be presented along with the sub-themes identified within these themes. An overview can be found in Figure 1.

Throughout the focus group discussions, participants were asked numerous questions about their views and understandings regarding the timing of motherhood, specifically focusing on whether they perceived there to be a 'right' time for motherhood. Although most participants were reluctant to define a 'right' time for every woman, an over-arching theme was that motherhood and the timing of motherhood should be actively chosen. Planning for, and making a conscious choice to become a mother, was seen as important. Consequently, participants expressed the importance of having certain conditions in place before they felt it was the 'right' time to have children.

Motherhood: An active choice

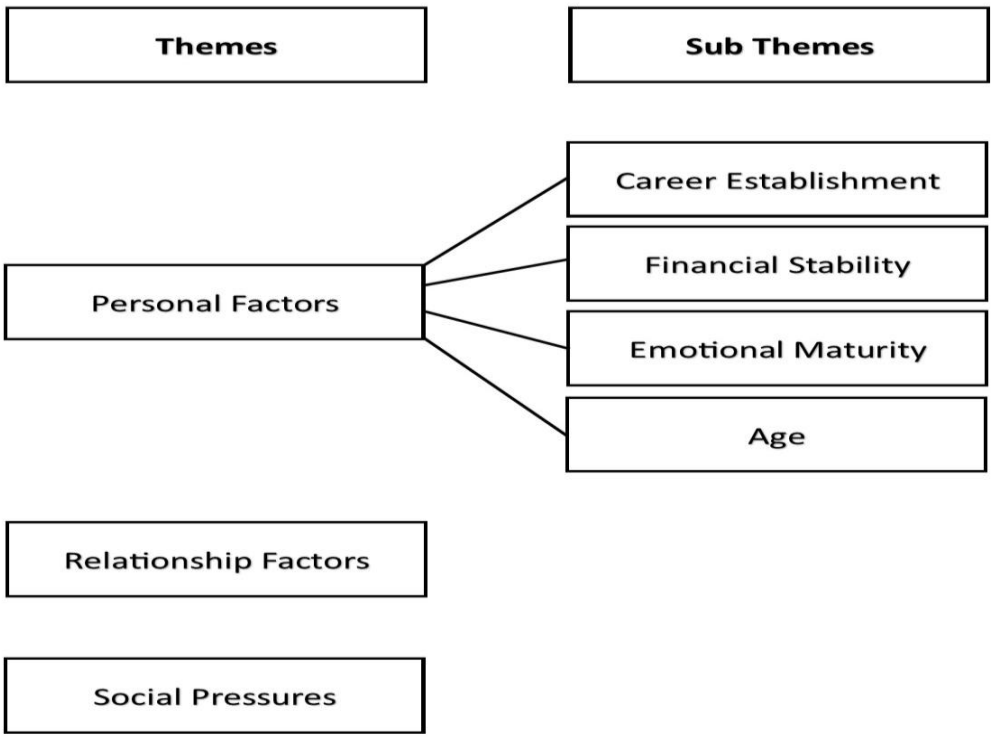

Figure 1. Themes and sub-themes.

Theme 1: Personal Factors

When asked whether there was a 'right' time for motherhood, women in this study often discussed personal factors they considered necessary to have in place before having children. These personal factors included personal characteristics as well as achievements. Four main sub themes were identified: career establishment, financial stability, emotional maturity and age.

Sub-theme 1: Career Establishment

For most participants, finishing tertiary education and establishing their careers were seen as necessary before they embarked on motherhood. For example:

> *Candy: I guess for me it is more about... my career. So, because I'm studying at the moment, full-time, I won't be finished until I'm 30 and then I actually want to get some experience and do all that before I have kids.*
>
> *Belle: I can understand if you're studying and then you need to get into the workforce and get some work experience. Working in HR, I completely get that.*
>
> *Sally: I'd want to make sure that…I got enough experience in my career.*

In many participants' accounts, motherhood was framed as disadvantaging one's career. For instance, Rebecca and Amy stated they felt that having children at this stage in their lives would jeopardise their careers:

> *Rebecca: I'm starting to feel like I'm actually getting some traction in my career, and starting to build a reputation around what I do. I think in a couple of years, I'll have that kind of prominence in my industry, and I think if I, like, go and get myself pregnant, then, you know, I'll lose all of that.*
>
> *Amy: I value my career quite highly at the moment, so I wouldn't be looking to leave my career to go on maternity leave for at least another three years, definitely. Yeah, my career's quite important. Because I feel like what you do in your late 20s is quite an investment in your future career-wise. So, if you work really hard in your late 20s, it's going to pay off career-wise. That's how I feel anyway, in my particular field, so I feel like I'd jeopardise my career right now if I had a baby, definitely.*

For Amy, investing in her career now was a significant reason for delaying motherhood, since she perceived benefits in the long term for her career. Other participants were concerned that motherhood could affect their ability to return to their career, with Lisa commenting: "I've been working for a few years, I'm in a good place, and I feel if I step out of that, what do I go back to?" Tina shared similar

concerns: “Can I go back to the same job, or do I have to find something that’s more, you know, friendly around childcare hours, taking time off work, being part-time?”

Some participants held the view that once women became mothers, they were less likely to be able to do their jobs at the same level and to the same standard due to the additional parenting responsibilities of being a parent. For Rebecca this was about whether she would be able to continue working on the same type of projects: “Will I be able to go back, and you know, go to some of these... bigger jobs and stuff like that? Can I put myself forward for it, because I’ve just had that much time off, like I’m worried about that?” Similarly, Lisa described feeling: “I think if I had kids, I’d have to sacrifice some of that, so I probably wouldn’t do my job as well because I’d have other priorities”.

Several women in the study also expressed the belief that motherhood was viewed negatively by prospective employers. They felt there was an “unconscious bias” (Belle) against women who were mothers, and against women who were at an age where motherhood was assumed likely in the upcoming years. Amy, for example, spoke of being very conscious of her age (28) when applying for a job, and that her employers would be thinking: “oh okay, she’s probably going to be thinking of children soon”. Amy then went on to say: “I remember thinking that and feeling this pressure straightaway. So, I think that your employers think of you as, this is someone that’s probably going to have a child soon”.

Tina felt that employers would be concerned about the conflict between women’s childcare and professional responsibilities saying that:

> *“There’s that stigma, I think, maybe when you do go for jobs, applying for new jobs, that if they know that you have children, that if your kid is sick, you’ll have to stay home. So, you might not always be available, and you might miss deadlines, or miss meetings, or have to take time off to look after your kids”.*

For Amy, it was more about employers’ concern about investing in staff:

> *“Yeah, I see it even in, I work in a massive business and the financial side of things isn’t an issue, my boss wouldn’t care about that. But she certainly would see the effect of, like, hiring someone new and the impact on all the resources and getting HR involved in hiring people…“.*

The majority of participants expressed concern that entering motherhood would inhibit or limit a woman's career progression, and as such, participants in this study prioritised career establishment ahead of starting a family.

Sub-theme 2: Financial Stability

In addition to career establishment, all the women in this study wanted financial stability before starting a family. For some it was about ensuring they had the perceived necessary funds to meet living expenses. Amy, for example commented:

> *"Probably when I have got a stable financial situation. I also wouldn't want to have a child if the finances just weren't there. For example, my co-partner's a student, and we couldn't do it now because I'm the only one earning. That wouldn't work, so now I think is not a right time for me to have a child",*

Lisa and Rebecca shared similar views: "I think, do I have the money to bring someone else into this world and be able to support them?" (Lisa) and, "in the way, you want to" (Rebecca). For another participant, it was about having 'enough' money to "give your child the best life" (Belle) emphasising "you don't want to be on the bones of your backside" (Belle). In these participants' accounts, financial security was seen as a necessary prerequisite to entering motherhood.

Participants also discussed wanting to be financially stable to allow one parent to take time out from work to care for the children. For instance, Lisa commented, "both me and my partner are interested in having kids, so it's almost waiting for a time where he can be the one that's earning more money, so we can have a kid and have time off, or me take time off, and then him". Hayley made a similar comment, "financial security and being in a position where you feel like you can live under one income". In addition, several participants believed it was important for one parent to stay home with the children, especially in the early years in order to foster positive child development. This was illustrated in the conversation between Anna and Tina:

> *Tina: I was saying, my friend, her maternity leave is up, so she's had to go back to work, because they can't afford to have just one person earning. So, if it was like maybe at least a year that she would get to spend more time at home in those early years, which are supposed you know, they are quite important for the baby as they grow up.*
>
> *Anna: I think money, it comes down to money, and that sucks, because that impacts on a child's wellbeing if the mother, or the father, or both, are able to be there in those formative years.*

The significance of financial stability was reinforced when participants were asked what would be helpful when making decisions about the timing of motherhood. Nearly all participants referred to additional financial assistance. Some examples include:

> *Amy: I think just from listening, everyone has mentioned financial stability. So, I think definitely one thing that could be done is more financial support to women. I think I'm really lucky because I work in a job that if I go on maternity leave I get my full salary for four months, whereas the standard is you get up to $520 a week for three months. Which I think is unliveable.*
>
> *Tina: I think better policies that support families and mothers, like, you know, universal child benefit or something, a bit more universal, as opposed to working for families, where you have to be working to get the money for your number of children. And yeah, longer paid parental leave.*

In contrast, one participant felt it was the parents' responsibility to financially support their children if they wanted to take time off work, and as such did not see it as the government's responsibility.

> *Rebecca: But ultimately, if you're going to have a child, you want to take the time off, then it's your responsibility, that's how I feel. It's not the government and the taxpayers' problem, not problem, but responsibility, to fund your decision to have a child.*

However, most participants disagreed with this and expressed dissatisfaction with New Zealand's current paid parental leave policies and the cost of childcare. For example:

> *Eva: Basically, we're all saying that finance is a massive thing that affects our decision to have a child. And there's no support past the age of 18 weeks. What percentage of our population are actually between 25 and 35 and having children? Surely that's worth more money for the government to invest in?*
>
> *Belle: Yeah, it's massive, suddenly you're taking, I don't know, say 50 grand, out of your household for the year and then the majority of that's to go on childcare when you go back to work. So, you're pretty much permanently on maternity leave, forking out for childcare and all the other stuff.*

Amy and Candy even went as far to say that if maternity leave policies were to improve, it would substantially increase their likelihood of choosing motherhood earlier.

Amy: If someone said to me, if you get pregnant and for six months you'll get your full salary, I think that will increase my decision of having a child by, like, honestly, like 60%, 70%.
Candy: Same.

This extract demonstrates the influence financial stability plays in Amy and Candy's decisions to have children and the barrier current maternity leave policies are creating. Others discussed the financial burden associated with childcare costs, with the conversation unfolding as follows:

Belle: One of the girls at my work, she's a PA, and I think she's probably paid somewhere between 55 and 60 grand and she was, like, pretty much my whole salary goes on childcare.
Eva: That's another major discrepancy if you're expected to go back to work and pay all this money in child care.
Belle: Well, you're kind of, do I go back to work, or do I look after my own child?
Eva: Yeah.
Belle: Like, where am I going to break even, what's going to be the higher cost?
Eva: I feel like it's a massive, it's just so lacking in terms of thought from, like, higher up somewhere.
Amy: So, in summary, having a child is actually like a financial nightmare, isn't it?

This extract suggests that current childcare costs in New Zealand and the lack of subsidies for middle-income earners may create a disincentive for parents to return to work. Most participants concluded that it seemed as if there was an expectation from government that families should be saving for children and/or relying on their families for support: "So they want you to basically save up money for that" (Amy) "Unless you've got really good family support" (Beatrice) "and I think that's what the government expects" (Candy).

Sub-theme 3: Emotional Maturity

When considering the 'right' time for motherhood, participants also emphasised the importance of emotional maturity, which was defined in a number of ways. In many participants' accounts, emotional maturity was defined as being ready for the responsibilities and commitment that comes with motherhood. For example:

Rebecca: Being able to take on the forms of responsibility, of what it actually means to bring another human being into this world.

Sarah: Ready for that responsibility or that commitment.
Natalie: I think, parenting. So, it's just such a big responsibility to make sure that you're ready to take that responsibility, and you can say, it's going to be an amazing experience, but also very challenging experience as well, so you need to be ready for those challenges as well.

Being ready for the commitment and responsibility included approaching motherhood with a realistic view, recognising and preparing for all aspects of motherhood including the positive and negative. Similarly, participants talked about having the emotional maturity to be willing to make sacrifices that are required when you become a mother, as indicated in the following discussion:

Belle: Yeah, it's hard, it's quite hard to decide when is right for you. But like you, I love my selfish life. I get up at 10, I spend money on whatever I want. I agree, I'd wait forever.
Beatrice: It's like whether you value family or freedom more. How important is family to you versus your freedom for the next five years?
Belle: Yeah it kind of does.
Researcher: So, I'm hearing that you all kind of agree that freedom and having a child don't coincide?
Amy: I do feel like that. I feel like when you have a child, you don't have freedom anymore because you have to raise this child.
Belle: Well, you put someone else first. It makes me nervous though, because it's not something you can take back, is it? Being serious, you know, you're swinging roundabouts where you're kind of like, oh yeah, I really want a family, and then you're like, oh I really like sleeping in until eleven.

In this extract, participants' belief that motherhood coincided with a loss in personal freedom and a need to prioritise the child were evident. For instance, Beatrice talked about wanting to complete her travelling before having children: "Yeah, because I'm weighing up, travelling, because I still want to do heaps of travelling. If I didn't want to do that travelling, I'd probably want to start a family really soon". Beatrice's comment reinforced the viewpoint that having children restricts a woman's ability to prioritise personal goals and ambitions.

Participants also identified the need for feeling secure (emotionally), being psychologically ready, and having self-awareness as important aspects of emotional maturity required for motherhood, as illustrated below:

Rebecca: For me, probably it would be, being really self-aware, feeling happy within myself, and feeling loved.
Sarah: When I'm kind of secure in myself, ready for it.

Natalie: I think for me the most important factor would be being ready to be a mother psychologically. So, you know, I think it really affects how you treat your children really affects who they become, so it's really important.

In Natalie's account, she highlighted the importance of the mother's wellbeing on the child's development and outcomes. She drew a strong association between the mother's psychological readiness and the future development of the child. Likewise, other participants spoke about the significance of having self-awareness, emphasising the value of understanding how behaviour may affect children. For example, Rebecca talked about the need for there to be education in high schools teaching students 'basic' self-awareness so they could develop an understanding about the possible effects their future parenting could have.

Rebecca: I think there should be an intro to psychology when you're in high school. We should be teaching that in high school, so that we can have a very broad understanding of basically self-awareness. I suppose how your actions impact other people, maybe to include, how your actions as parent would affect, children. Then how it affects your children as parents, stuff like that. So, I think that without me having a lot of that earlier on in life, I was not necessarily aware of certain things, and I think, shit, why don't we get taught this at school, you know.

Rebecca's comments suggest that women may enter motherhood not fully understanding their decisions, and like Natalie's comment above, refers to the potentially negative implications for future generations. Similarly, when discussing women's motivations for wanting children, participants also reflected on the possible wider implications this may have for children and society as indicated in the following discussion:

Natalie: I always think about if I want to have a child, is it because I want it for my own interest, because I like to look after someone and it makes me feel good. I think if it's only because that makes me feel good, to have someone who's part of me, and to look after, then that feeling, you know, why do I need to bring someone, like it's a human being, it's not just something that I buy.

Rebecca: It's almost like, is this person that I'm bringing into this world going to actually give anything to the world, or am I going to be able to teach them to give to the world?

Anna: And I'm thinking about how sometimes there's this notion that children are born with jobs, and like when a child is born with a job, like how is that going to affect the child?

Rebecca: Like you mean to heal a relationship, or something?

Anna: Yeah, exactly.
Rebecca: Or to heal yourself or something?
Anna: Yeah, or to heal yourself, sure.

Furthermore, one participant suggested that some women appear so overwhelmed by their own desire to have children that they do not consciously consider the long-term implications of their decisions on both their children and people in wider society:

> *"Like what is it about us as females, sometimes, not all of us, but to have such a strong desire to have a child, that they actually don't even, they don't even see past that want to what the reality is going to look like. And the implications on everybody else that's involved, the child, how they're going to grow up, and treat everybody around them, and their children, and it's just a cycle, and that bothers me quite a lot".*

Overall, women who were perceived to want children only to satisfy their own needs and/or desires were framed negatively by participants, and seen as possibly causing long-term negative consequences for their child and wider society. For these participants, it seemed important that women thoroughly evaluated their reasons why they wanted children before having children.

Sub-theme 4: Age

Participants made the connection between emotional maturity and age, regarding younger women as less likely than older women to have developed emotional maturity as well as financial and career stability. Consequently, they generally viewed women who were a "bit older" as more suitable for motherhood. Anna, for example, stated:

> *"I think at a certain age, you're not able to provide that sort of emotional stability to the same extent than someone who might be a little bit older. So, for example, someone who is 17 or 18 is, probably, not able to provide that sort of stability. I think when you get to a certain age, you're more likely to have that kind of stability in your job and your relationship, if you choose to be in one when you want to become a parent. So, I would think that it would more ideal to have a child when you're a bit older".*

On the other hand, some participants acknowledged that having children when you are younger can work in the presence of solid support networks, helping to provide stability:

Natalie: A friend of mine at school, her mum had her when she was quite young, and her grandma spent a lot of time looking after her. That seemed to work out really well, that was stable.

Rebecca: Yeah, I think that's right, if they're having children when they're young with some strong support networks around, it can work.

All women in this study were 25 and older, therefore, being a "young" mother was not relevant for them. Nevertheless, most of the participants acknowledged age as a factor when considering their timing of motherhood. Several participants talked about not wanting to be "too old" when becoming a parent, as is illustrated below:

Amy: I think it's also a matter of thinking about the child because I wouldn't personally have a child at 40 because I don't want to be 60 when my child's 20. You know, I don't want to die very early in their life. I've met people who are our age and their parents are 75 and it's like, is it fair on the child to leave it too late because it means that they're going to have elderly parents essentially.

Here, Amy expresses concerns about how her own reproductive timing could influence her children later in life. As a result, she stated she would not have children above the age of 40 due to the negative effect she perceived this would have on her children. Amy associates older mothers with an increased likelihood of health problems when their children are still relatively young (20 years old) as well as having less chance of being alive when their children are adults. Likewise, Anna discusses the importance of considering the long-term implications on children's lives when the mother is of advanced maternal age. Anna too associated "older mothers" with increased chances of health problems when their children are still young adults. Consequently, she also questioned whether later motherhood was fair on the children:

Anna: So, I'm thinking about in terms of what's in the best interest of the child they want to bring into the world, so if you're quite old, and you still want to have a child, and you do it through whatever methods, then you need to maybe consider what is the impact of your age going to be on the child. So, if you're 50 years old, and you choose to have a child, then what's the impact going to be when they're 18 years old, and you're, you know, you could be quite sick, or just really, really old.

Several participants were also concerned about how their own reproductive timing could affect the relationship between children and their grandparents. Therefore, their age and their parent's ages were significant factors influencing their

decisions about the timing of motherhood. For these participants, it was very important that their parents had the opportunity to be grandparents. This is clearly articulated in Belle and Tina's comments:

> *Belle: It does come into it though, I know for me, my parents are 63 and 60 or something like that. My mum had me when she was 32 and that was after two years of trying to have children. And I just think, geez, I wouldn't want my parents to be any older, so I do agree. I wouldn't say I'm dependent on my parents but we're a very close-knit family and the thought of not having them around, you know. I get to have them for maybe 20, 25 more years, all going well. So yeah, I think it definitely does come into it. For me it does anyway, it definitely influences. And also, your parents being grandparents. For me it's like, wow I really desperately want them to be a really big part of their lives.*
>
> *Tina: I think my older brothers and sisters who have kids, I think, you know, their children are really lucky to have my mum around as a grandmother. So, I'm thinking, will my children have the same? And if not, then, you know, will my partner's parents be around to be that, you know, grandparent?*

These extracts highlighted the value participants placed on intergenerational ties between grandparents and grandchildren. Further to just having grandparents around, it was also important to participants that their parents were still able to be 'active' grandparents. For instance, Eva commented: "My parent's age, like, plays into it and like, with them being so well and active, plays into me wanting my children to have them as active grandparents". Other women in the study also recognised the value of grandparental childcare:

> *Belle: And also, they're in a position where they're about to retire and the support that they could give us at the moment in terms of looking after a child, you know, is really massive for us. So, it would probably mean I could go and work while my mum looked after…. because she said she'd be prepared to do that, so very lucky. But yeah, it's funny aye, because it really does influence my decision quite a lot.*

While most participants recognised the general association between advancing maternal age and declining fertility, participants did not seem to be aware of the specific age-related information regarding women's fertility. For example:

> *Amy: I wonder though, because I've never personally actually heard whether medically or physically there is a best time to have a child. I think there's conflicting research out there that shows, you know, some people are*

> *saying, yeah, definitely you need to have a child by the time you're 30. Whereas if you search elsewhere people will say that you should have a baby before you're 35. So, I also think it's difficult because there's so much conflicting evidence out there about when it is alright medically to have a child. I use the term medically, you know what I mean, physically. You always find what you're looking for, because I type into Google, 'is it okay to have children after 35', of course the answer is yes. You know, and there'll be research to back that up. So that's why it's like who's to say that in your late 30s you can't have children?*

Beatrice mentioned she would not want to wait any longer than 5 years (putting her at age 34) to start trying for a baby due to her fertility. Others mentioned they planned to start trying for children no later than 32 and 33 years of age: "I feel like I kind of just parked it, because I'm like it'll happen when I'm around 32 and I've kind of just, made that decision already" (Candy) and "So I've already told myself 32, 33 and like you I've parked it" (Amy). This suggests that these participants view early to mid-thirties as a realistic and viable time to conceive naturally, with no complications. However, some did express fears about not being able to fall pregnant because they may have waited too long, as demonstrated in the conversation below:

> *Hayley: And now I've gone through and ticked all these boxes and you get to that point and you're like, you've all of sudden got trouble. You can't, it's not as easy as you thought it was going to be, and that's, I guess, what freaks me out. That I might be ready, like, next year or once we've moved into a house or done all that kind of stuff. But then what if it just doesn't happen? That's the scary part.*
>
> *Belle: You kind of think, when you don't know much about it, you are just like, oh yeah, go off the pill, it will happen. And then you're like, that doesn't work. You don't realise how small the chances are each month.*
>
> *Eva: You start to see it with, like, a friend who did exactly that; came off the pill and took, you know, like six months then she started thinking… She was 30 when she came off the pill, maybe even 29 and then, yeah, actually found out she had polycystic ovaries. It's like, yeah, a lot to go through.*

These concerns were however minimised when other participants discussed the option of ARTs. Candy, for example, said that, "there is so much technology now though so it's not as bad" alongside others saying: "You can just take medication that causes you to ovulate more" (Beatrice), which "gives you options doesn't it?" (Belle). Consequently, Candy implied that "yeah you don't need to freak out". At the same time, however, some participants acknowledged downsides of ART's, with Belle and Eva referring to the cost: "It's expensive though as well" (Belle) and "But its $300 each

month" (Eva). In addition, Beatrice pointed to the possibility of multiple pregnancies: "Oh it's just medication that makes you more fertile, but people get pregnant with twins and stuff like that" (Beatrice). For some participants, ARTs were seen as solutions to difficulties in conceiving. Participants' accounts indicated that women in this study had varied understandings about the effectiveness and cost of ARTs. For instance, Candy and Beatrice seemed to minimise the influence of advanced maternal age by holding an overly optimistic view about the effectiveness and the accessibility of ARTs. In contrast, Belle and Eva appeared to have a better understanding about ARTs, acknowledging that the process may not be easy and that ARTs were expensive.

Theme 2: Relationship Factors

Alongside personal factors, women in the study expressed the importance of having certain relationship factors in place before motherhood. The desire for a stable relationship before having children was evident throughout the participants' accounts. For instance, Amy commented: "When I'm confident in my relationship, because I wouldn't want to have a child with someone that I'm not confident I'm going to be with for a long time". Beatrice and Hayley expressed similar thoughts: "There might be a more preferable time as in you're in a stable relationship" (Beatrice) and "Well, getting married is one of them" (Hayley). Some participants, however, also discussed circumstances where solo parenthood was acceptable. For example:

> *Rebecca: You have to be responsible about it, and not selfish. If you're going to do it on your own, I think that's amazing, if that's the choice. If a person's going to opt to be a solo parent, and bring a child, and that's the agreement to begin with, awesome, I'm totally for that.*

In Rebecca's account, solo parenthood was constructed as acceptable only when the parent's intention to raise a child on his or her own was a planned decision.

Women in this study described wanting not only a committed relationship before motherhood but also for their partners to want children. This idea is nicely articulated in Beatrice's comment:

> *"It's also a hard thing as well, when you know your partner doesn't really want children and would actually only be having them because you want to at that age. I want this partner who is really excited and wants to have children with you."*

For some participants, it was a 'deal breaker' (Belle) for the relationship if their partners did not want children, as illustrated in the below conversation:

Amy: But I think if your partner doesn't want a child and you really want a child that would be the break of the relationship.
Belle: When I first met John, he was like, I don't know. And I was like, this was like three or four months in, I was like, just be very clear, it's a deal breaker for me if you don't want children. I've always seen that in my life and it's not an option for me not to have children.

Although most participants agreed that it was very important for both individuals in a relationship to want children, several believed that it was unlikely that their male partners would want to be involved in the planning stage of pregnancy as indicated by the discussion below:

Belle: But I want this partner to be like wow "I hope we are pregnant" (clapping hands) but I am never going to get that.
Beatrice: But imagine if he was like "I never want children".
Belle: Yeah absolutely that wouldn't be ok. So, I get what you are saying, but I think guys just don't want to talk about it in general as well.
Eva: But I think that's just boys in general because my partner's in the same boat and we're pretty close to, like, getting excited about it and he wouldn't, he just wouldn't give me that response. It's kind of a hard thing to actually ask from a guy. I'm hoping that when it's actually there, that something will click.
Belle: I think when it's there, they'll be like, "woohoo".
Eva: That whole planning and stuff, it'll take the romance out of it making a baby.
Belle: That's what he said, he was like, "I don't want to think are we doing this because you want a baby". And I'm like, oh okay.
Eva: Maybe boys are just a different kettle of fish in that regards
Candy: Yeah
Amy: For a man it's easy, you just stick it in and get her pregnant and that's it. It's actually not a big deal for a guy.
Belle: We're like emotional, it sits with us aye?
Amy: Totally, we carry it all, you know, but yeah.

In these participants' accounts, planning pregnancy was positioned as a 'woman's job'. Within this context, it was perceived as relatively unrealistic (despite the desire for it) to think that a man would want to be part of the planning pregnancy phase. Illustrated in the next extract, it was the participants' perception that women held the responsibility for planning and the man only needed to play a practical role in the conception part:

Belle: I don't know what it is with mine. I think he means he doesn't need to know how the calendar works and all that sort of business.

Amy: And they don't need to know those details because they're like, ah, she's got it all sorted. Just tell me where to be and when.

Belle: It's like, he knows you're not on the pill, he knows you could get pregnant and that's really all. We'll just leave it at that for now. I'm sure they'll see enough when the baby's born.

Amy*: Yeah exactly.*

Although there was acceptance by many participants that men were not likely to play a significant role in pregnancy playing, it was still seen as essential that both partners in a relationship wanted children before trying to conceive. Consequently, participants held negative views about women who decided to have children when their partners did not necessarily want children.

Rebecca: When they're not necessarily wanted by both parties, and therefore end up with all of these issues around identity and, you know, being loved, am I good enough, and all this stuff. So, in some cases, some instances, it actually quite pisses me off when I see women going and having children, when it's not actually both parties really wanting to bring this human into the world. The flow on effects of that. I feel, it's actually quite irresponsible of people to do it, because it is going to have such a major effect on how you're parenting. Yeah.

Sarah: I completely agree with that. I think that taking into account, the welfare of the child that's coming into the world, its hugely important. Yeah, and you need to consider that, as well as your own wants, needs and desires.

These women were depicted as "selfish" and "irresponsible" and their actions were perceived as causing long-term negative consequences for their children. Having children to satisfy your own needs and desires when both partners did not want the child was seen as highly questionable. This depiction suggests that the participants did not see these women as 'good' mothers. This related back to the participants' earlier discussion about the importance of women having a level of emotional maturity before motherhood, enabling them to evaluate their reasons for wanting children and not just having children to fulfil their own needs and wants. This idea was again reinforced by Anna's comment:

Anna: I know someone like that as well. They chose to have a child on purpose, even though there was such a large age gap between the child that was born, and their other children as well. And as soon as the baby came along, they were sort of out of that situation as well, and now this child is kind of isolated. So, I would think that's a pretty irresponsible thing to do. Sounds similar to some of the situations you're talking about.

As well as both partners having a mutual desire to have children, it was also perceived necessary for both partners to be transparent about their intentions and expectations relating to parenthood before starting a family, with the conversation unfolding as follows:

Sarah: But I think personally, I think that that decision is not going to just affect you, it's going to affect your child, the father, and then the families around it. And I think that ideally everybody would be on the same page with whatever's decided with that.

Rebecca: Maybe that's exactly one of the conversations that you need to have before you even consider having a child, you know, like sit down, what does this look like. So that you are both in that understanding of what we've been talking about –

Anna: Yeah, absolutely.

Rebecca: And going, okay, this is what my expectations are, what do you want? What are yours? Does that work?

Anna: Definitely.

Rebecca: Having a conversation about expectations, about what the next years are going to look like.

Sally: Yeah.

Anna: Being on the same page.

Theme 3: Social Pressures

This last theme relates to the influence of societal pressures on participants' decisions about the timing of motherhood. Throughout the focus group discussions, participants recognised the influence of wider society in framing the "right" time to have children. In particular, they discussed how societal norms were reinforced through family members, friends and the media. Several participants expressed a desire to have children at the same time as their friends. For example:

Hayley: I've got quite a few friends that don't have partners or are in new relationships and I'm getting married next year. Like, that makes me anxious as well because you want your friends to be a part of what you're doing and you know, you're like, "are my friends going to change because I'm going to be going to coffee groups with other mums that have got kids?", and "who am I going to be camping with in 10 years' time"? You kind of think about that as well.

Other participants discussed feeling pressured about their own decisions regarding the timing of motherhood when faced with friends of a similar age falling pregnant. For example, Amy discussed feelings of anxiety should a close friend announce they were pregnant:

Amy: I must say, if one of my good friends right now was to announce that they were pregnant, I think it would cause a little bit of a thing, it would cause me a little bit of anxiety in a way.
Candy: Maybe you feel like you need to be doing it or?
Amy: I should be doing that too then.

For Amy, a close friend falling pregnant would result in her questioning herself as to whether she too should be considering pregnancy. Belle described feelings of jealousy when others announced they were pregnant and when her best friend announced she was pregnant there was a sense she may have felt left out:

Belle: I must admit, you were saying when someone, if one of your friends said they were pregnant, you'd feel anxious, I feel jealous when people are. My best friend is pregnant at the moment and I'm just, not jealous, I'm happy for her, don't get me wrong, but I'm like, oh.

In addition to the participants' feeling their own internally-generated pressures, they also described receiving direct pressure from their family and friends about when to have children. For instance, many participants described feeling pressured to have children because their family considered them within an age range where they *should* be having children. For example:

Lisa: I guess sometimes I feel, and I don't know if it's just me personally, or the pressures around me, but particularly from my family, and I don't think they mean to, but I feel like a lot of pressure. Everyone comments, you know, every time I have a birthday, sort of comments on my age, and you know, shouldn't I be married by now, shouldn't I be having kids. So, I don't know, and I feel like myself, I do, you know, think about having kids, and think, should I? But I don't know if that's just because of the pressures, external pressures on me. And that sort of makes me a little bit more anxious, or worried about it.

For Lisa, the pressure from her family made it hard to determine whether she herself actually wanted children, or whether it was the continual pressure from her family that was making her feel like she wanted children. Rebecca talked about feeling pressured by her family to have children even when she felt her personal circumstances were not ideal for children:

Rebecca: I get that a lot as well. My mum's constantly like, when are you going to have a child? It's like, you know, I've had a few different boyfriends over the years, and they haven't worked out for whatever reason, they've only been short term, you know, like maximum three years. And then, she's going, when are you going to have a child, and I'm like, I've literally been with this guy for like three days.

(Laughter)

Rebecca: You know, it's that kind of pressure and she's like, you know you don't have to have a boyfriend to have a child. That's just a lot of pressure coming on from family as well. Like you better hurry up and have children, and it's like, back off. I think there's just so much pressure around it as well, like I get asked that quite a lot. I'm starting to get asked that quite a lot now, and I'm like, you know, me and my boyfriend have only been together for just over a year, and there is absolutely no way that I would just make a decision like that after this long.

Sally talked about a similar experience where she ended a long-term relationship at age 30, and felt that because of her age, friends and family would have preferred she had had a child in her long-term relationship, even though it ended, because at least she would be ending the relationship with a child. This is reflected in the following group discussion:

Sarah: I think I've definitely felt that social pressure. I was in a long-term relationship, and broke up that relationship when I was 30. And kind of the reactions of everyone, like, oh dear. It's almost like they would rather that I had a child.

Rebecca: While you were in that –

Sarah: Yeah, you know, and if that relationship didn't work out, well that's sad, but like at least she would've had a baby –

Rebecca: At least she got a child out of it –

Sarah: And things like that. Just, yeah, really do feel like there is this external pressure that, that kind of age thing is important, if you haven't got that, then how are you feeling about it.

Like Rebecca, Sally felt that there was pressure from her family and friends to have children regardless of her personal circumstances. Other participants discussed how having doubts about wanting children or expressing these doubts seemed unacceptable within their social circles. For example:

Natalie: And I think not wanting to have kids, or not being sure about it, because of the reasons we've talked about, it's not okay for people around us, like it's not considered acceptable or normal. And I guess it's a bit, yeah, puts a bit of pressure on you, social pressure.

Anna: And I think it's frustrating as well, like, if you were to express, I've experienced this, when you've expressed oh, I actually don't think that I want to have children to friends and family, and they say, oh, you know, you'll change your mind, it took me until I was, you know, 30 or whatever, to decide to have children. And I'm just like, you're saying that I don't know my own mind, that's frustrating.

For Natalie, her family and friends' views created pressure for her, while for Anna, it caused her frustration. In Anna's situation, her family and friends seemed to position themselves as "knowing better," suggesting to Anna that over time she would change her mind about not wanting children. In these participants' circumstances, their family and friends appeared to struggle with the idea of them not wanting children. Additionally, participants discussed how the media created pressure for women:

> *Natalie: And I think the picture the media has of a mother is a very unrealistic one. It's a happy woman, perfectly dressed with a very happy child. And I think it kind of puts pressure on you thinking that I need to be able to do that, and if I can't do that, then I better not do that at all.*

This extract suggests that the notion of an ideal mother portrayed by the media may deter some women from choosing motherhood, or may cause some women to delay motherhood until they feel they can achieve these standards. Participants also thought this unrealistic view of a mother was reinforced via social media. Here, they discussed how their Facebook friends only ever posted positive pictures with their children, neglecting to show the challenging sides of motherhood, as illustrated in the following discussion:

> *Lisa: I think social media as well has a bit of an impact, because, you know, a few years ago you wouldn't really, and I, I've still got my own personal views on putting, you know, pictures of your kids and that on social media, but I think that changes it a lot as well. Because, possibly most of what I see is all these really positive photos, and it's this wonderful time, and they probably don't show the reality on there, and wanting to try to show how wonderful it is, and how happy they are.*
> *Rebecca: Perfect life, perfect life.*
> *Lisa: Yeah.*
> *Rebecca: I totally agree with that.*

Other participants thought the media showed the two extremes (absolute worst mother and absolute perfect mother) only, consequently leaving little room for more balanced views as illustrated in the below conversation.

> *Sally: I think that maybe the media shows two extremes.*
> *Researcher: So, the really happy side, and then all the things that could happen if everything was really bad.*
> *Sarah: Yeah.*
> *Anna: And I feel like because it's only showing those two like extremes, it's not showing like the middle ground. So, the middle ground might look something like, you know, a mother having, like really negative thoughts about her children, or like, oh, you know, why did I want to do this or*

> *whatever. And when women come out and say things like that, they get absolutely, so judged for it. And so, it's either you're ideal, or it's really, really bad, and you're not allowed to say, like if you've had any doubts or regrets or anything like that.*

Results Summary

When reflecting on the 'right' time for motherhood, women in this study discussed many conditions they considered necessary before motherhood. Participants associated these conditions with reduced stress (for both parents and children), feeling individually fulfilled preventing any resentment towards children, having an increased ability to be a better mother, and providing a solid foundation for their family.

Participants valued establishing independence before starting a family. They perceived finishing tertiary education and establishing their careers alongside financial security as priorities before considering motherhood. In addition to establishing independence, having emotional maturity and a stable relationship where both partners wanted children was considered crucial. Women acknowledged the influence of social pressures on their decisions about motherhood. Many felt pressured to have children by their family and friends because they were perceived to be at an age and/or stage in their life where motherhood was expected. Other women felt pressured or felt left out when thinking about or seeing friends of similar ages pregnant.

Finally, participants recognised age as a factor influencing their decisions about the timing of motherhood. Most held the viewpoint that the ideal age range for motherhood was when a woman was a "bit older" but not "too old". For women in this study, being a young mother was not relevant; therefore conversations were mostly about not wanting to be "too old." Although participants acknowledged a relationship between advancing maternal age and declining fertility, many participants appeared to lack knowledge on specific information related to female fertility and were overly optimistic about the effectiveness of ARTs.

Chapter 5: Discussion

This study sought to explore women's views and understandings of the 'right' time for motherhood in Aotearoa, New Zealand. Women without children who were of reproductive age were selected for this study in order to gain insight into the decision-making process for those who may or may not decide to have children. To date there is very little qualitative research within a New Zealand context on this topic, and this research aimed to reduce this gap.

Previous research suggests that women make decisions about their reproductive timing whilst surrounded by normative narratives defining the 'right' time for motherhood (Donath, 2015; Gotlib, 2016; Sevón, 2005; Smajdor, 2009). Subsequently, these narratives consciously and unconsciously influence women's decisions about the timing of motherhood (Meyers, 2001; Perrier, 2013; Sevón, 2005; Woollett & Boyle, 2000). Dominant within Western societies are narratives suggesting that the appropriate time for motherhood is when you are not ''too young" or "too old" and at a point in time when you have achieved certain personal and social milestones (Lavender et al., 2015; Meyers, 2001; Perrier, 2013; Sevón, 2005). Throughout my study, women constructed the 'right' time for motherhood in accordance with these normative understandings, and in particular, with reference to the 'right' time to make a 'good' parent.

In this chapter, I discuss the results from the present study in the context of existing literature. In addition, I discuss the implications of the current study's findings whilst acknowledging the study's limitations and making recommendations for future research.

Participants in this study discussed the importance of being the 'right' age and achieving the 'right' personal and relational milestones before motherhood. The findings in the current study suggest fulfilling these conditions were very much connected with what participants considered necessary in order to be a 'good' parent. Moreover, women in this study discussed how these ideas surrounding the 'right' time for motherhood were continuously reinforced by social pressures including from family, friends and the media. Consequently, this added to the ongoing pressure most participants already felt about making decisions regarding their timing of motherhood.

The 'right' age to make a 'good' parent

When reflecting on the right time for motherhood, most participants in the present study acknowledged the influence of age. Similar to previous studies (Bell, 2013; Benzies et al., 2006; Budds et al., 2013; Cooke et al., 2010; Perrier, 2013; Shaw & Giles, 2009), participants generally associated younger mothers with a lack of emotional and financial stability while older mothers were associated with having increased health problems later in their child's life. Consequently, participants connected both younger and older mothers with reduced abilities to be 'good' parents and as such framed younger and older mothers as sitting outside the ideal time for motherhood.

Participants' accounts predominantly focused on discussing not wanting to be "too old" when they started having children. It is assumed that this was because my participants were at an age where being a younger mother was no longer applicable. Consistent with findings from other studies (Budds et al., 2013; L. J. Martin, 2017), the main reasons for participants not wanting to have children "too old" was related to worries of being physically unwell and/or dying early in their future children's lives. Subsequently, participants questioned whether having children as an older mother was truly fair to children and whether it was a responsible parenting decision.

In addition, participants in the current study acknowledged the importance of age when discussing their strong desire for their parents to be grandparents. They expressed how valuable it would be for their own children to have grandparents around for a significant amount of time throughout their childhood. Furthermore, participants articulated a sense of responsibility they felt towards giving their parents grandchildren before their parents were considered too old. It was important to participants that their parents could be energetic grandparents who were actively involved in their children's lives and as such, they needed to consider their reproductive timing with consideration for their parents' ages. Here, having children before you got "too old" was connected with being a 'good' parent as it increased the chances of your children having relationships with their grandparents and having ongoing support from their grandparents throughout their childhood. My participants' views regarding the role of grandparents aligns with the dominant cultural norm that suggests contemporary grandparenthood is all about 'being there' for both your children and your grandchildren (Mason, May, & Clarke, 2007; Perrier, 2013). The

current study's findings are supported by multiple other studies, which have identified the value women place on intergenerational ties between grandparents and grandchildren when considering their timing of motherhood (Cooke et al., 2010; Lavender et al., 2015; Perrier, 2013; Sol Olafsdottir et al., 2011).

Though participants highlighted the importance of not being "too old" when starting a family, they also emphasised the significance of achieving many personal and relational milestones before motherhood; further complicating the 'right' time. Fulfilling the many desired life conditions typically requires women to devote a significant amount of time (in their younger reproductive years) consequently making it difficult to achieve these life milestones while also having children before becoming "too old".

The 'right' personal and relationship factors to be a 'good' parent

Fitting with existing research (Allen & Wiles, 2013; Benzies et al., 2006; Cooke et al., 2010; M. Mills et al., 2011; Sol Olafsdottir et al., 2011), women in this study discussed many life goals and achievements they wanted to accomplish before having children. This included finishing education, establishing their careers, travelling, developing financial security and being in a committed relationship. Within this context, the 'right' time for motherhood was assessed in accordance with middle-class lifestyle milestones. This suggests that class plays an important role in framing the 'right' time for motherhood (Perrier, 2013). For instance, most women in my study spoke about delaying motherhood as a result of not yet achieving these middle-class lifestyle prerequisites. These findings are supported by various other existing studies that have reported similar accounts in their research regarding women's reasons for delaying motherhood (Cooke et al., 2012; Lampic et al., 2006; M. Mills et al., 2011; Parry, 2005; Sol Olafsdottir et al., 2011).

In particular, Perrier (2013) suggested that delaying motherhood until these conditions were satisfied helped the women in her study secure a moral position, as they were perceived as waiting until the 'right psycho-social time' to become mothers. In Perrier's (2013) and in other studies (Baker, 2010; Lavender et al., 2015; Meyers, 2001; Sol Olafsdottir et al., 2011; Woollett & Boyle, 2000) the 'right psycho-social time' was often connected with being better equipped to be a 'good' parent. Similar

findings were identified in this study where my participants commonly associated achieving certain personal and relational goals with being a 'good' parent.

Participants formed a connection between financial stability and being a 'good' parent by firstly acknowledging the value of parents being able to provide for their children (in ways they wanted) without the worry of financial pressures. This finding was consistent with several other existing studies, in which participants conveyed the importance of postponing parenthood until they felt they could provide their children with a standard of living with which they felt satisfied (Benzies et al., 2006; Cooke et al., 2010; Dobrzykowski & Noerager Stern, 2003). Secondly, participants in my study associated financial stability with being a 'good' parent when discussing how financial stability often allows one parent the option to stay home and care for their children. It was important that one parent was available to stay home and care for the children (especially in the early years), as many held the view it would have significant benefits for the child's development.

Throughout my participants' accounts, motherhood was constructed as a huge responsibility and commitment, requiring a woman to put aside her own personal needs and desires in order to be a 'good' parent. Consequently, my participants stressed the importance of having emotional maturity before starting a family. Emotional maturity was defined by participants as having self-awareness and feeling emotionally secure alongside a willingness to make sacrifices and a commitment to the responsibilities of motherhood. Participants drew a strong connection between emotional maturity and 'good' parenting. For example, mothers who were perceived by participants as lacking emotional maturity (e.g. having children to satisfy their own needs) were viewed negatively, often constructed as selfish, irresponsible and likely to cause negative future implications for their child and possibly wider society. On the other hand, women who waited until they felt they had the emotional maturity for motherhood (e.g. prepared to prioritise their child's needs before their own) were framed positively by participants, seen as making sensible decisions that considered the welfare of children first. Consequently, these women were positioned as better mothers by the participants. These participants' views indicate that they saw a 'good' mother, as one who reflects on her reasons why she wants children and subsequently does not have children to simply fulfil her own needs and desires.

The connection made by participants between emotional maturity and 'good' parenting suggested that most women in the current study internalised some beliefs related to the ideology of "intensive mothering" (Arendell, 2000; S. Hays, 1998; Taylor, 2011). This ideology originally proposed by Hays (1996) argued that mothering should be completely child centred, emotionally intensive and primarily completed by mothers. According to the intensive mothering ideology, a 'good' mother is defined as self-sacrificing and is devoted to the care of her children (Donath, 2015; D. D. Johnston & Swanson, 2006; Taylor, 2011). Although participants in my study did not believe that childcare should exclusively be undertaken by mothers, they did construct a 'good' mother as one that is selfless, puts aside her own needs and desires, and is fully committed to her role as a parent. In addition, within many of the participants relationships, the women and men tended to approach planning pregnancy ascribing to more traditional roles of femininity and masculinity. In the context of pregnancy planning, participants described women as "emotional" and positioned themselves as holding all the responsibility for planning children, aligning again with beliefs related to the intensive mothering ideology where mothers are primarily responsible for the children. Here women in the current study identified with a traditional heteronormative view of femininity, which conceptualises women as taking on the more caring and emotional roles (Glenn, 1994a; Holland, Ramazanoglu, Sharpe, & Thomson, 1994; D. D. Johnston & Swanson, 2006; Woollett et al., 1991). In contrast, women described their male partners as reluctant to be involved in the details of pregnancy planning and somewhat emotionally detached from the process, reflecting a more traditional view of masculinity (Glenn, 1994a; Holland, Ramazanoglu, Sharpe, & Thomson, 2004; Woollett et al., 1991).

Meeting these ideals of a 'good' mother appeared to create pressure for the women in my study where several questioned whether they were emotionally mature enough to commit to motherhood at this point in their lives. In Maher and Saugeres' (2007) study, women without children also responded to the cultural discourse of 'good mothering' when talking about their timing of motherhood. Similarly, women in this study described motherhood as all-encompassing where women had to be selfless and put aside their own priorities. Like participants in the current study, women felt pressured to meet this ideal of a 'good' mother and, in response, many discussed

postponing motherhood until they felt they were able and willing to meet these standards.

As well as participants discussing delaying motherhood until a time when they felt they were emotionally mature, they also discussed delaying motherhood until they were in stable relationships and established in their careers.

For most, a committed relationship was constructed as necessary before embarking on motherhood, suggesting that, for some, the conventional two parent family remains as an ideal prerequisite for parenthood. This finding is congruent with numerous other studies where women have reported a stable relationship as a key condition required before having children (Bell, 2013; Cooke et al., 2010, 2012; L. J. Martin, 2017; M. Mills et al., 2011). Equally as important to my participants was a mutual desire for children from both partners in the relationship. Here, before starting a family, partners needed to firstly agree on wanting children, and secondly, to agree on the time at which they wanted to start trying for children. These results were supported by Sevon (2005) and Sol Olafsdottir, Wikland, and Moller's (2011) studies which noted women felt it was crucial that the decision to start a family was a mutual and shared choice made by both partners.

In the current study, the shared desire for children was also discussed in relation to quality of parenting. Many participants perceived a shared desire for children from both partners as significant for the child's future wellbeing and as such associated this with 'good' parenting. On the other hand, several participants commented negatively about women who decided to have children when their partners did not necessarily want children. Participants articulated that they felt these actions reflected a lack of emotional maturity on the mother's side and increased the likelihood of future negative consequences for the child. Subsequently, couples having children under circumstances when both partners are not in agreement on wanting children was connected with poor parenting and was highlighted as a key reason for delaying motherhood.

Establishing one's career was also identified as a central reason for delaying motherhood. Most women in the current study valued their careers and felt that motherhood would negatively affect their career progression; limiting their capability and availability to do their jobs to the same standard. As mentioned earlier, most participants in the present study expressed a desire for one parent to stay home with

their children in the early years to help foster positive child development. Consequently, participants felt it was important that their careers were established before motherhood to ensure they would have the option to take time out from their careers to care for their children without significantly impacting their career development. Here, a connection between developing your career prior to motherhood and being a 'good' parent was made by participants, as they felt that having an established career prior to motherhood gave you the option to stay with your children and care for them – which participants regarded as highly important for children's development. Previous studies (Baker, 2010; Bass, 2015; Carolan, 2007; Ussher, 2015) reported similar findings to the current study where women commonly described an incompatibility between concurrently developing their careers and having children. In these studies, women perceived both roles (career and mother) as time intensive and felt in the initial stages of their career, motherhood would jeopardise their career progression. In addition, other studies have identified that even after women had established their careers they still felt disadvantaged after having children (Baker, 2010; Bracken, Allen, & Dean, 2006; Nowak et al., 2012). For example, women in these studies mentioned having reduced opportunities for further training and promotion into senior roles.

In addition, participants in this study believed that employers also thought that motherhood would compromise a women's ability to do their job. As such, many participants felt employers had an unconscious negative bias towards women who were mothers or women who were at an age when motherhood is assumed likely in the upcoming years. A study completed by Correll, Benard and Paik (2007) supported this finding, demonstrating that when equally qualified female candidates were evaluated for jobs (in a laboratory setting and by actual employers), the female candidates who were mothers were perceived as less competent and committed to the job than non-mothers. Subsequently these mothers were disadvantaged in relation to hiring and salary decisions in the experimental design as well as in the study with actual employers. The study also identified that in contrast, fathers were evaluated positively in the workplace, perceived as more committed to their work and were offered higher starting salaries than male childless employees. These results are consistent with other studies that indicate mothers are often penalised in the

workplace because of their parental status while fathers remain unaffected by their parental status (Baker, 2010; Bass, 2015; Zhang, 2009).

Social Pressures

Alongside personal and relational factors influencing women's decisions about the timing of motherhood, participants also discussed the role of social pressures. Many participants commented on the direct and indirect pressures they felt from friends and family surrounding their timing of motherhood. For instance, many participants reported that their families regularly pressured them to have children because they were perceived to be at a certain age and/or stage in their life where motherhood was expected. Some participants felt this pressure from their families even when they perceived their current personal circumstances to be unsuitable for children (e.g. at the beginning of a relationship). The direct pressure that participants described they received from families and friends suggests that normative ideologies of compulsory motherhood are still prominent in these participants' social circles. These pronatalist ideologies argue that motherhood is a normal, biological and inevitable part of a woman's female identity (Bell, 2013; Donath, 2015; Letherby, 1999; Meyers, 2001). This was particularly evident when some participants described how their family and friends have reacted when they have expressed uncertainties about wanting to become a mother. In these situations, participants described being judged harshly by their family and friends and were often constructed as being selfish; or alternatively, family and friends insisted participants would change their minds. Research has consistently demonstrated that although the number of voluntarily childfree women is growing within Western societies, they are still often discriminated against (Allen & Wiles, 2013; Gotlib, 2016; Hird & Abshoff, 2000; Meyers, 2001; Vesper, 2008).

Other social pressures were less direct. Like findings in Sol Olafsdottir et al. (2011) and Benzies (2006), my participants' friends' reproductive timing influenced their perceptions about their timing of motherhood. Several participants saw their friends' pregnancies as a signifier that they themselves should be considering motherhood. Additionally, several participants expressed a longing to have children at the same time as their friends in order to maintain the social balance within their existing friendship circles.

The role of the media was also recognised by participants as an additional social pressure. Participants felt the media portrayed an unrealistic view of a 'good' mother that served to reinforce often unreachable parenting standards. They suggested this may influence women's decisions about their timing of motherhood as women may feel as though they must reach these standards before they become a mother. This line of thinking is supported by the findings from the current study and existing studies (Cooke et al., 2010, 2012; Lavender et al., 2015; L. J. Martin, 2017; Sol Olafsdottir et al., 2011); all of which have identified the numerous conditions women feel they need to achieve before motherhood in order to consider themselves a suitable parent. Research by Henderson, Harmon and Houser (2010) identified that it is not only the media that helps to sustain this unrealistic view of a 'good' mother, but it is now also mothers themselves, in their interactions with other women (in person or via social media), that help create this additional pressure. This was congruent with the findings from my study where participants discussed how this ideal of a 'good' mother was reinforced by friends, typically through their Facebook pages, where they only ever showed positive experiences related to motherhood. Although my participants acknowledged that they were aware their friends were doing this, they expressed it was still hard not to internalise this picture of motherhood.

Implications

Incompatibilities between psychosocial fertility and biological fertility

Similar to existing studies (Daniluk, 2015; L. J. Martin, 2017; Perrier, 2013; Sevón, 2005), my research findings highlighted the difficulties in synchronising all of the required conditions participants believed needed to be met before having children, in order to be considered a 'good' parent. Women in the current study discussed the continual tension they experienced between wanting to satisfy personal and relational conditions before motherhood, while also wanting to have children within a specific age range. For example, most of my participants planned to delay motherhood until their early to mid-thirties once they satisfied specific life milestones, but at the same time they also expressed wanting to have children before they were "too old." However, the age range participants predicted they would start trying for children coincides with a decline in female fertility (Beaujouan & Sobotka, 2017; Schmidt et al., 2011). Therefore, waiting until the 'right psychosocial time' may create difficulties

(biologically), for some women to conceive naturally (Cooke et al., 2010; Lavender et al., 2015; L. J. Martin, 2017). As such, this could result in women having children at an age older than they considered desirable, relying on ARTs to conceive or being unable to have children at all – resulting in involuntary childlessness. These findings illustrated an incompatibility between reconciling the 'right psychosocial time' with the 'right biological time' which further highlights the challenge of meeting all the required prerequisites to be considered a 'good' parent.

This was further complicated by participants' limited knowledge regarding fertility. Although participants in the present study conveyed a general awareness regarding advanced maternal age and declining fertility, they lacked knowledge about the age at which female fertility starts to decline, as well as the age that fertility *significantly* declines. In addition, many held an overly optimistic view of the effectiveness of ARTs and appeared unaware of the increased adverse pregnancy outcomes associated with advanced maternal age. These findings suggest that perhaps women in the current study are making decisions to delay motherhood in order to align with the 'right psychosocial time', without completely understanding the possible consequences of their decisions. These results are supported by various other studies (inclusive of one study in New Zealand), that have identified that the majority of people tend to lack a thorough understanding regarding female fertility and are overly confident about their chances of having children at delayed maternal ages (Fulford et al., 2013; Gossett et al., 2013; Lucas et al., 2015; Mac Dougall et al., 2012; Peterson et al., 2012).

The existing literature, and my research findings, highlight the need for an increase in accessible education in this area. In particular, participants in my study discussed not knowing where to access reliable fertility information in New Zealand. If individuals are able to access information earlier on in their reproductive years, this may help promote a more informed decision-making process regarding their timing of motherhood (Beaujouan & Sobotka, 2017; Cooke et al., 2010; L. J. Martin, 2017). However, my research findings also suggest that without also addressing some of the social, cultural and structural barriers that affect women's decisions about motherhood, education alone is likely to be insufficient at significantly changing women's reproductive choices. My study identified that a key barrier to choosing motherhood earlier was the perceived difficulties of negotiating family and work roles.

Balancing work and mother roles

Together, the existing research (Baker, 2010; Bass, 2015; Ussher, 2015), and the findings from the current study, highlight the conflict that many women experience between balancing their careers and family life (present and future). In Western societies, there is now a strong expectation for women to establish independence through their careers, but at the same time, there also remains a strong expectation that most women become mothers (Baker, 2010; Donath, 2015; L. J. Martin, 2017). Yet, there are multiple societal barriers restricting a woman's ability to develop in both roles at the same time (Daniluk, 2015; Lavender et al., 2015; L. J. Martin, 2017). This highlights the need for women to be supported in their careers and family planning simultaneously (Baker, 2010; Bass, 2015; Nowak et al., 2012; Ussher, 2015).

At one level, this could involve therapeutic sessions and/or career management programmes aimed at helping women proactively plan their careers for the different stages in their lives (Ussher, 2015). For example, Ussher (2015) suggests providing a space for women to discuss their worries about how their careers and work lives may be altered when they have children, as well as developing specific plans in advance for how women can effectively manage career progression and family life responsibilities. Nevertheless, this type of intervention leaves the issue at an individual level and tends to disregard the influence of the social, cultural and structural barriers constraining women's reproductive autonomy. Therefore, interventions need to go beyond the individual level and also target the social and cultural context that women are making their reproductive decisions within.

For example, organisations could play a significant role in reducing the tension women experience between work and family life (Baker, 2010; Bass, 2015; M. Mills et al., 2011; Ussher, 2015). Aligning with existing research (Bass, 2015; Cooke et al., 2010, 2012; Nowak et al., 2012), most women in the current study discussed how changes in work policies such as flexible working hours and increased availability of part-time work roles would significantly affect their decisions regarding their timing of motherhood. These findings suggest that many women may choose to have children earlier if organisations introduced work policies that are more family friendly, allowing employees to better balance work and family life responsibilities without disadvantaging their career progression.

In addition, organisations could work alongside women helping them to develop career plans which take into consideration changes that may be needed when the woman starts a family, as well as encouraging women with children to go for career advancing opportunities (e.g. training) (M. Mills et al., 2011; Nowak et al., 2012; Ussher, 2015). Research identified that the support women receive from their employer and colleagues while on maternity leave, and when they return to work, has a significant impact on how women experience their maternity leave and their decision to return to work (Buzzanell & Liu, 2007; Houston & Marks, 2003; Nowak et al., 2012). Moreover, management's involvement in planning their maternity leave and their return to work also has a substantial impact on the women's decision to return to work (Buzzanell & Liu, 2007; Marks & Houston, 2002; Nowak et al., 2012).

Furthermore, better support for parents at a government level was raised by participants in the current study. Participants suggested improved parental leave policies, more availability of family allowances, increasing availability and accessibility to childcare options as well as increasing access to childcare subsidies. Women in the present study discussed how New Zealand's current parental leave polices and childcare costs created significant barriers for women to choose motherhood earlier.

In New Zealand, government paid parental leave for the primary caregiver is a maximum of $538.55 per week and is available for up to eighteen weeks. Partners of the primary caregiver are eligible for up to two weeks unpaid parental leave (Inland Revenue, 2016 April). In addition, in New Zealand there are limited childcare subsidies available for middle-income families with children under three years. This was raised by participants in the current study where several discussed their frustration with the discrepancy between the length of paid parental leave and the financial burden of childcare costs for children under three years old. Here they discussed how it is often more affordable for one parent to stop working and care for their children than for both parents to work and pay for childcare. This discrepancy suggests that current childcare costs in New Zealand and the lack of subsidies for middle-income earners creates a disincentive for both middle-income parents (within one family) to return to work. International research suggests that polices designed to improve the compatibility between work and mother roles are key for many women's re-entry into the workforce after having children (Castles, 2003; Hegewisch & Gornick, 2011; Lefebvre & Merrigan, 2008; M. Mills et al., 2011). Furthermore, several studies

identified that policies targeting increased availability to childcare and increased access to extended paid maternity leave had significant influence on women's decisions about their timing of motherhood, leading to younger ages at first birth (Del Boca, 2002; DiPrete, Morgan, Engelhardt, & Pacalova, 2003; Rindfuss, Guilkey, Morgan, Kravdal, & Guzzo, 2007; Zabel, 2009).

Taking a holistic approach to women's reproductive decisions

Consistent with findings from existing research (Bass, 2015; Benzies et al., 2006; Cooke et al., 2010; L. J. Martin, 2017; Perrier, 2013), my study's findings support approaching women's reproductive decision-making with a holistic view that acknowledges both the biological facts of age related fertility while also targeting social, cultural and structural barriers restricting women's reproductive autonomy. In today's society there is significant focus on extending women's reproductive abilities through ARTs. While this is one beneficial option, perhaps it also important to start focusing on adjusting cultural norms surrounding the 'right' time for motherhood (Daniluk, 2015; Lavender et al., 2015; L. J. Martin, 2017; M. Mills et al., 2011). For example, privileging cultural change and socioeconomic policy initiatives that support women to grow personally and professionally at the same time as being mothers, rather than enforcing social expectations that this should be completed before having children (Bass, 2015; Cooke et al., 2010; Daniluk, 2015; L. J. Martin, 2017). Subsequently, this may influence women's decisions regarding their timing of motherhood, as they may feel better prepared and supported in their decision to choose motherhood earlier in life (Bass, 2015; Cooke et al., 2010; Daniluk, 2015; L. J. Martin, 2017).

Pushing for the perfect conditions – consequences for future parenting

In the current study, the importance of having several conditions in place prior to motherhood was very much associated with being a 'good' parent in the future. Participants' high expectations regarding what they needed to achieve prior to motherhood suggests that these expectations may impact their future parenting. As already mentioned earlier in the discussion chapter, participants may feel that if they don't live up to these standards, which are deemed necessary prior to motherhood, that they should not be mothers at all. Alternatively, when they become parents they

may feel continual pressure to meet these standards, which may result in the development of unrealistic expectations for their parenting. For example, holding the expectation that in order to be a 'good' parent you must always be self-sacrificing and prioritise the needs of your children.

This is supported by research that suggests many women feel as though they need to live up to the modern day expectation of "intensive mothering" which requires mothers to be wholly child-centred, have expert knowledge, and be extensively invested in their child's psychological and physical wellbeing (S. Hays, 1998; Henderson, Harmon, & Houser, 2010; D. D. Johnston & Swanson, 2006; Lee, Schoppe-Sullivan, & Dush, 2012). Douglas and Michaels (2005) described this as the "New Momism" which imposes an incredible amount of pressure on women to be perfect mothers whereby they are continuing to strive to meet unrealistic parenting standards. Research by Lee, Schoppe-Sullivan and Dush (2012) investigated the impacts of parenting perfectionism (self-orientated and societal-oriented) on new mothers and fathers' parenting adjustment, looking specifically at parents' self-competence, stress and satisfaction. This research demonstrated that societal-orientated parenting perfectionism was associated with poorer parental adjustment in both mothers and fathers, resulting in higher parental stress and lower parenting self-efficacy and satisfaction. Several other studies have confirmed similar results, identifying an increase in negative mental health consequences for parents who endorse intensive parenting ideologies (Rizzo, Schiffrin, & Liss, 2013; Tummala-Narra, 2009). Furthermore, research has demonstrated that poor parental adjustment and parental mental health issues are associated with lower quality parenting and higher incidences of child related behavioural problems (Bayer, Sanson, & Hemphill, 2006; Coleman & Karraker, 1998; Kazdin & Whitley, 2003).

These findings illustrate the significant negative impacts societal expectations surrounding parenting can have on individuals' parenting adjustment and overall well-being. This highlights the importance of promoting an accepting parental culture, which normalises parents making mistakes and promotes a culture where parents are not expected to meet these unrealistic parenting expectations – a culture where "good enough" is accepted. Health professionals and parenting places could play a key role in actively endorsing this culture change when supporting parents. Moreover, health professionals supporting women who are making decisions regarding their timing of

motherhood could apply the same understanding by helping to normalise clients' experiences of not having everything 'perfect' before motherhood.

Many of my participants spoke of the value they received in having a space to talk about their thoughts and concerns regarding their timing of motherhood with a group of women experiencing similar challenges. Several expressed that they thought they were the only ones having these thoughts and were relieved to know others had similar concerns. Overall, my participants felt it was not something that was often openly discussed and when it was, family and friends had their own agendas. This suggests that women may benefit not only from a culture that advocates for women openly discussing worries about parenting when they become mothers, but also a culture that is open about discussing worries prior to motherhood.

Limitations and Future Research

Qualitative researchers emphasise the importance of the researcher acknowledging their presence and influence in the research (Caetano, 2015; Henwood, 2014). Undeniably, my own beliefs and engagement with normative understandings surrounding the 'right' time for motherhood may have affected the research process, including influencing the way in which I conducted the research with participants, to the analysis and interpretation of the data. This is not necessarily considered a disadvantage within qualitative research but instead valued (Braun & Clarke, 2013; Finlay, 2008). In the context of the present study, this may have been an advantage as I shared many similarities with my participants including age, gender, relationship status, education and socio-economic status as well as having no children. This was believed to be positive in some ways as it helped me establish rapport with participants, as I was relatable and was perceived as sharing similar thoughts, feelings, and experiences. Consequently, participants may have spoken in more depth about their views and experiences than with a researcher who shared little similarities with them. Nevertheless, I still engaged in a number of processes to help reduce my biases throughout the research process. This included emphasising during the focus group that there were no right or wrong answers and encouraging people to express their views openly and offer alternative viewpoints. I engaged in personal reflexivity; consciously considering the influence of my own background on the research process. Furthermore, I spent a substantial amount of time reading and revising my work to

ensure my explanations and arguments were consistent with my participants views and understandings and were theoretically sound.

The current study was also conducted on a small scale (n=13) and consisted of a relatively homogenous sample, limiting the transferability of the findings across the New Zealand population. Most participants identified as New Zealand European, were in a committed relationship and identified themselves as heterosexual. Furthermore, the women were part of a certain age group (25 to 32 years) and all participants were well educated. Although my sample is not representative of the New Zealand population, it offered insights into the current challenges educated middle-class women in New Zealand may face when making decisions about their timing of motherhood, and identified that decisions were made with consideration of becoming 'good' parents.

Future research could build on the current research by accessing a greater variation of participants. For example, research could aim to explore women's views and understandings regarding the 'right time for motherhood targeting various age groups and women from varying socioeconomic statuses. Given that in the current study the 'right' time for motherhood was largely defined in accordance with achieving middle-class life milestones, it would be of interest to see how women from differing socioeconomic statuses define the 'right' time for motherhood. In particular, it would be of interest to explore whether women from varying socio-economic groups place as much value on achieving certain life milestones and whether they associated these achievements with 'good parenting' and consequently, positive outcomes for children.

Future research could also look to explore men's views and understandings around the 'right' time for fatherhood and see how this compares in relation to women's construction of the 'right' time for motherhood. While there has been some qualitative research exploring men's experiences of preparing and transitioning into fatherhood (Eerola & Mykkänen, 2015; Gage & Kirk, 2016; Miller, 2011), there has been limited research directly investigating men's views and understandings about the 'right' time for fatherhood (Henwood, Shirani, nee Procter, & Kellett, 2011), in particular in New Zealand. Further investigation is required in order to gain a better understanding about the dominant discourses influencing men's decisions about their timing of fatherhood, and in turn, how they may influence women's decisions about their timing of motherhood.

Conclusion

For women in the current study, the 'right' time for motherhood was constructed in accordance with a specific age range as well as in accordance with achieving numerous personal and relational conditions that enabled them to become 'good' parents. This construction of the 'right' time prescribed a very small window in which it was considered acceptable for women to have children. Fitting with existing research, my findings illustrated the difficulties of synchronising the 'right psychosocial time' with the 'right biological time' which often meant my participants were left feeling conflicted and pressured about how their timing of motherhood could align with the 'right' time. My results emphasise the importance of acknowledging context; recognising not only the biological factors, but the social, cultural and structural factors influencing and constraining women's reproductive autonomy. In order to adequately support women making decisions about their timing of motherhood, it is important that health professionals have a thorough understanding about the different complexities women may face when making decisions about their timing of motherhood. In addition, health professionals need to have an awareness of how dominant social norms surrounding motherhood may be influencing women's decisions. In particular, having an awareness of how the construction of the 'right' time for motherhood is largely defined by the 'right' time to be a 'good' parent. Consequently, being aware that women are making decisions about the timing of motherhood based on their perceptions of whether they meet the criteria deemed necessary to be a 'good' parent which may have a number of implications for their reproductive timing as well as future parenting. Given the extensive criteria one has to meet in order to be considered a 'good' parent, my findings highlight the importance of beginning to challenge these concepts of what equates to a 'good' parent and supports encouraging a more accepting parenting culture that normalises not having everything 'perfect' before motherhood. Furthermore, findings from this study support the need for cultural and policy changes that aim to help women fulfil both their personal and professional goals whilst also achieving their familial goals.

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Appendix A: Participant Information Sheet

Date Information Sheet Produced:

24 March 2017

Project Title

Is there a 'right' time? Exploring women's views and understandings about the timing of motherhood in Aotearoa, New Zealand.

An Invitation

Hi there, my name is Maria Mackintosh and I am a postgraduate student studying Counselling Psychology at AUT. I would like to invite you to participate in my study exploring women's views and understandings about the timing of motherhood in Aotearoa, New Zealand. This research will contribute towards my Masters in Health Science Psychology qualification. Participation in this study is voluntary and participants have the right to withdraw from the study at any stage.

What is the purpose of this research?

While there is a growing amount of research exploring women's experiences and understandings of the 'right' time for motherhood, there has been little research completed on this area within New Zealand. The purpose of this research is to develop a deeper understanding of New Zealand women's views about the 'right' timing of motherhood and how these views influence their decisions about motherhood.

How was I identified and why am I being invited to participate in this research?

This study is aiming to recruit eight to twelve participants for focus group discussions. To be eligible to participate in the study you need to be a woman aged 25-40 years old with no children. A poster has been circulated around Auckland University of Technology Akoranga campus and details about the research have been posted on the primary researcher's social media Facebook page. Those interested in participating who meet the study criteria were asked to contact the primary researcher directly with their contact details. The first participants who meet criteria and express interest to participate in the study will be prioritised for selection into this study.

How do I agree to participate in this research?

Your participation in this research is voluntary and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time.

If you agree to participate in this study, please confirm by signing the consent form attached to this form and returning it to me (Maria Mackintosh – Primary Researcher) via email or in person at the focus group discussion.

What will happen in this research?

Participants will be asked to participate in a focus group discussion where they will be asked to talk in small groups about their views and understandings about the timing of motherhood. The research will take place in a private room at AUT

Akoranga campus on the North Shore. This will take approximately 1 hour of your time.

What are the discomforts and risks?

It is not anticipated that participants will experience distress or discomfort from participation in the focus group discussions. Nevertheless, the facilitator of the focus group will be mindful of managing any discomfort or embarrassment that participants may experience.

How will these discomforts and risks be alleviated?

Participants will be given phone numbers of support places they can contact if they feel they need additional support as a result of attending the focus group discussion.

What are the benefits?

A greater understanding of women's views and experiences relating to the timing of motherhood may help us understand how better to support women confronting these decisions. This increased understanding and knowledge could be beneficial for healthcare professionals who are meeting with women and couples seeking guidance and support around these decisions.

How will my privacy be protected?

Due to the research being conducted through focus group discussions confidentiality may be limited. Prior to participating in the research, the participants will be required to sign a form stating the information shared in the focus group discussions must remain confidential and not be spoken about outside of the focus groups. Participants will not be identified in any publications, reports or presentations that result from the research. Pseudonyms will be used for participants.

What are the costs of participating in this research?

Participants will need to give up approximately 60 minutes of their personal time to participate in this research. There will be a small travel cost associated with driving to and from AUT (North Shore campus) to attend one focus group.

What opportunity do I have to consider this invitation?

The poster will be circulated around AUT one month prior to the research commencing and the Facebook page will give participants a 2-week time period to respond to the invitation.

Will I receive feedback on the results of this research?

All participants who would like a copy of the results will receive a summary report via email at the end of the study.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor Sonja Goedeke, Email: Sonja.goedeke@aut.ac.nz, 09 9219999 ext. 7186

Any concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTEC, Kate O'Connor, ethics@aut.ac.nz, 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Maria Mackintosh, Email: mariamackintosh22@hotmail.com, 021 556 916

Project Supervisor Contact Details:

Sonja Goedeke, Email: Sonja.goedeke@aut.ac.nz, 09 9219999 ext. 7186

Approved by the Auckland University of Technology Ethics Committee on 2/05/2017.AUTEC Reference number 17/115.

Appendix B: Consent Form

Project title:	***Is there a 'right' time? Exploring women's views and understandings on the timing of motherhood in Aotearoa, New Zealand.***
Project Supervisor:	***Sonja Goedeke***
Researcher:	***Maria Mackintosh***

- ○ I have read and understood the information provided about this research project in the Information Sheet dated dd mmmm yyyy.
- ○ I have had an opportunity to ask questions and to have them answered.
- ○ I understand that identity of my fellow participants and our discussions in the focus group is confidential to the group and I agree to keep this information confidential.
- ○ I understand that notes will be taken during the focus group and that it will also be audio-taped and transcribed.
- ○ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ○ I understand that if I withdraw from the study then, while it may not be possible to destroy all records of the focus group discussion of which I was part, I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ○ I agree to take part in this research.
- ○ I wish to receive a summary of the research findings (please tick one): Yes○ No○

Participant's signature : .....

Participant's name:
.....

Participant's Contact Details (if appropriate):

……..

……..

……..

Date:

Approved by the Auckland University of Technology Ethics Committee on 2/05/2017.AUTEC Reference number 17/115.

Appendix C: Indicative Questions and Prompts for Focus Groups

- Do you think there is a 'right' time to have children in New Zealand?
- Explain reasons for your answer.
- What are some of the factors that influenced your views about the timing of motherhood?
- Is the timing of motherhood something you think about?
- How does thinking about the timing of motherhood affect you?
- What societal views and media messages about the timing of motherhood are you aware of in NZ?
- What do you think the implications of these messages are for you and other women?
- Are there any things you can think of that would be helpful for women in New Zealand who are feeling challenged about making decisions about their timing of motherhood?
- Is there anything anyone else would like to share before we finish?

Appendix D: Ethics Approval

2 May 2017

Sonja Goedeke
Faculty of Health and Environmental Sciences

Dear Sonja

Re Ethics Application: **17/115 Is there a 'right' time? Exploring young women's views and understandings on the timing of motherhood in Aotearoa, New Zealand**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 2 May 2020.

Standard Conditions of Approval

1. A progress report is due annually on the anniversary of the approval date, using form EA2, which is available online through http://www.aut.ac.nz/researchethics.
2. A final report is due at the expiration of the approval period, or, upon completion of project, using form EA3, which is available online through http://www.aut.ac.nz/researchethics.
3. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form: http://www.aut.ac.nz/researchethics.
4. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
5. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

Please quote the application number and title on all future correspondence related to this project.

AUTEC grants ethical approval only. If you require management approval for access for your research from another institution or organisation then you are responsible for obtaining it. If the research is undertaken outside New Zealand, you need to meet all locality legal and ethical obligations and requirements.

For any enquiries, please contact ethics@aut.ac.nz

Yours sincerely,

Kate O'Connor

Executive Manager
Auckland University of Technology Ethics Committee

Cc: mariamackintosh22@hotmail.com

Appendix E: Confidentiality Agreement

AUT
TE WĀNANGA ARONUI O TĀMAKI MAKAU RAU

Confidentiality Agreement

Project title: ***Is there a "right" time? Exploring women's views and understandings on the timing of motherhood in Aotearoa, New Zealand.***

Project Supervisor: ***Sonja Goedeke***

Researcher: ***Maria Mackintosh***

✓ I understand that all the material I will be asked to transcribe is confidential.

✓ I understand that the contents of the tapes or recordings can only be discussed with the researchers.

✓ I will not keep any copies of the transcripts nor allow third parties access to them.

Transcriber's signature: .....

Transcriber's name: Janet Templeman

Transcriber's Contact Details:

285 Karaka Bay Rd
Karaka Bays
Wellington 6022

Date: 04.07.17

Project Supervisor's Contact Details (if appropriate):

Sonja Goedeke

Email: Sonja.goedeke@aut.ac.nz

09 9219999 ext. 7186

Approved by the Auckland University of Technology Ethics Committee on 2/05/2017.AUTEC Reference number 17/115.

Note: The Transcriber should retain a copy of this form